

Neshoba County School District

Bullying Complaint Form

This report should be completed to file a complaint relating to an incident of alleged bullying (*For the purpose of this form bullying encompasses bullying, harassment, and discrimination.*) and turned into the school principal/designee of the victim's home school or the appropriate district office. A staff member should fill out this form in response to a verbal complaint, or assist the victim or his or her parent/legal guardian in filling out the form.

| | | |
|--|----------------------------------|-------|
| Complainant Name | Sex | Grade |
| Victim Name | Sex | Grade |
| Accused Name | Sex | Grade |
| School Site/Department or activity where incident Occurred | Home School/Department of Victim | |
| Principal/Administrator | | |

Describe the location where the incident took place:

Describe the Incident:

List all names of witnesses and grades:

List evidence of the bullying (i.e. letters, photos, etc. – attach evidence if possible).

Print Name of Person Making Report

Date

Name of Person Receiving the Bullying Complaint Form

Date

_____ I have received a copy of this complaint form.

Name of Person Making the Report

_____ I mailed a copy of the complaint to the complainant on _____.

Name of Person Receiving the Form

**Thank you. This report will be followed up on within 2 school days.
If you fear a student is in IMMEDIATE danger, please contact the police immediately.**

For School Use

Be sure to attach any supporting documentation/evidence/investigation

| Action | ___ Agreed to informal resolution (student to student) | ___ Formal Resolution | ___ Appeals-referral to area Superintendent and/or School Board |
|------------|--|-----------------------|---|
| Date | | | |
| Outcome | | | |
| Signatures | | | |