

Bullying Complaint Form

My name is: _____

Homeroom: _____

_____ I was bullied

_____ I was a witness to bullying

Date: _____

Time: _____

Where did the incident take place? _____

What happened? _____

The bully is: _____

Names of other victims or witnesses: _____

Does any adult in the school know about this incident? _____ yes _____ no

Who? _____

Signature: _____

Date: _____