

**INDEPENDENT SCHOOL DISTRICT NO. 2342
BULLYING REPORT FORM**

General Statement of Policy Prohibiting Bullying

Independent School District No. 2342 maintains a firm policy prohibiting all forms of bullying. All persons are to be treated with respect and dignity. While the district cannot monitor the activities of students at all times and eliminate all incidents of bullying between students, it is the district's intent to prevent bullying and to take action to investigate, respond, remediate, and discipline those acts of bullying which have not successfully been prevented.

Complainant _____

Home Address _____

Work Address _____

Home Phone _____ **Work Phone** _____

Date of Alleged Incident(s) _____

Name of person you believe was violent toward you or another person.

If the alleged bullying or violence was toward another person, identify that person.

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary.) _____

Where and when did the incident(s) occur? _____

List any witnesses that were present _____

This complaint is filed based on my honest belief that _____ has bullied or has been violent to me or to another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

(Complainant Signature)

(Date)

(Received by)

(Date)