

**249-AG-2. FORM. REPORT FORM FOR COMPLAINTS  
OF BULLYING / CYBERBULLYING**

Complainant: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Name of Person(s) Bullied: \_\_\_\_\_

Name of Person(s) You Believe Violated the District's Bullying/Cyberbullying Policy:  
\_\_\_\_\_

Describe the incident as clearly as possible, including what electronic, written, verbal or physical actions or series of actions occurred, if any, and what verbal statements (i.e. threats, requests, demands, etc.) have been made. Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where incident(s) occurred: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_

\_\_\_\_\_

This complaint is based upon my honest belief that \_\_\_\_\_ has bullied/cyberbullied me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date