



st.croixprep

Bullying / Harassment Complaint Form

This report MUST be completed to file a complaint relating to an incident of alleged bullying (for the purpose of this form, bullying encompasses behavior described in the SCPA Student Bullying Prohibition Policy) and submitted to the Administrator of the victim's school (e.g. Lower, Middle, Upper School). The investigation will be initiated within 3 school days.

If you suspect IMMEDIATE danger exists, please contact law enforcement.

VICTIM FULL NAME: <input type="radio"/> Student <input type="radio"/> School Employee <input type="radio"/> Other	SCHOOL	RACE	GENDER <input type="radio"/> Male <input type="radio"/> Female	GRADE	AGE
ALLEGED PERPETRATOR FULL NAME: <input type="radio"/> Student <input type="radio"/> School Employee <input type="radio"/> Other	SCHOOL	RACE	GENDER <input type="radio"/> Male <input type="radio"/> Female	GRADE	AGE
Has similar behavior of alleged been observed in the past and directed at the same person? <input type="radio"/> Yes <input type="radio"/> No					
**If more than one alleged, complete separate form for each.					
ADMINISTRATOR OF VICTIM'S SCHOOL:			TODAY'S DATE:		
DATE OF MOST RECENT BEHAVIOR:	TIME OF MOST RECENT BEHAVIOR:	LOCATION OF MOST RECENT BEHAVIOR:			
Description of Bullying/Harassment Behavior (Include detail who, what, when, where, how) Attach additional pages if necessary.					
List all witness names, grade level, and school (attach list if necessary): 1. _____ Gr. _____ Age: _____ School: _____ 2. _____ Gr. _____ Age: _____ School: _____ 3. _____ Gr. _____ Age: _____ School: _____					
*Please attach additional witness information					
List evidence of bullying/harassment behavior (threat or message - written or electronic): - Attach if possible					
To the best of my knowledge, all the information on this form is true and accurate. I am aware that false reporting is a criminal offense. Signature of person filing this complaint: _____ Date: _____ Print name: _____ <input type="radio"/> Check and print the name if someone other than complainant assisted in completing this form.					
Name/Title of person receiving form		Date received		Time received	

FOR ADMINISTRATIVE USE ONLY:

Attach any supporting documentation/evidence of the investigation.
Use a separate form for each alleged perpetrator.

Alleged Information

☐ 1st Offense

☐ Repeat Offender-alleged

Name _____ Grade _____ School _____

Parent Information (if student) _____ Contact Number _____

Address _____

PARENT CONTACT DOCUMENTATION (MUST BE BY PHONE AND IN WRITING)

Parent contact of alleged perpetrator:

By phone date: _____ By writing date: _____

☐ US Mail

☐ Electronic

Parent contact of alleged victim:

By phone date: _____ By writing date: _____

☐ US Mail

☐ Electronic

Investigation Details: Summary of investigation action (Attach additional pages if needed):

☐ Bullying behavior substantiated
☐ Harassment behavior substantiated

☐ Bullying behavior unsubstantiated
☐ Harassment behavior unsubstantiated

Was Bullying/Harassment behavior related to: ☐ Race? ☐ Sex? ☐ Disability? ☐ Not Applicable

Action Taken: (describe)

Resulted in school discipline referral: ☐ YES ☐ NO If yes, Referral # _____

☐ Investigation turned over to law enforcement (complete below)

Name of law enforcement personnel notified _____

Agency _____ ID # _____ Date/Time _____

Case # _____

Administrator/Designee Signature _____ Date _____

COMMENTS:
