

Bullying/Harassment Complaint Form

Carroll County School District

Person Reporting Incident:

Name: _____ Date: _____

- Student
- Student (Witness/bystander)
- Parent/Guardian
- School Staff Member
- Other _____

Phone: _____

E-Mail: _____

1. Name of Student Victim: _____ Grade: _____
(Please Print)

| 2. Name(s) of alleged offender(s) <i>(Please Print)</i> | Age/Grade | School <i>(if known)</i> |
|---|-----------|--------------------------|
| | | |
| | | |
| | | |
| | | |

3. On what date(s) did the incident happen? _____ / _____ / _____
Mo./Day/Year Mo./Day/Year Mo./Day/Year

4. Where did the incident happen (choose all that apply)?

- On school property
- On a school bus
- At a school-sponsored activity
- On the way to or from school
- Away from school (Electronic means such as Facebook, text, e-mail, etc.)

5. Mark each statement that best describes what happened. *(Choose all that apply)*

- Any bullying, harassment, or intimidation that involves physical aggression
- Getting another person to hit or harm the student
- Teasing, name-calling, demeaning, or making the victim of jokes
- Spreading harmful rumors or gossip
- Making rude or threatening gestures
- Intimidating, extorting, or exploiting
- Electronic communications: (specify) _____
- Other (specify) _____

