

BULLYING REPORT FORM

Name of complainant/reporter: _____
(by law, reports may be anonymous)

Status of reporter: Student Parent/Guardian School Employee/Coach/Advisor

Other: _____

Contact information for reporter (if reporter is a student, contact information for parent/guardian):

Address: _____ Phone: _____

E-mail: _____ Cell Phone: _____

Name of alleged target(s): _____

Name of alleged bully(ies): _____

Time(s) and locations(s) of alleged incident(s): _____

Names of witnesses: _____

Description of incident(s) – attach additional pages if more space is needed

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

Signature of complainant/reporter

Date

Received by: _____

Date: _____

Position/Title: _____

Date copy to building principal/designee: _____

Date copy to Superintendent: _____

Adopted by the Wells-Ogunquit C.S.D. School Committee:

12/04/13