

**BULLYING, INTIMIDATION, HARASSMENT  
FORMAL COMPLAINT FORM**

Name of student complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Parent/Legal guardian's name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name(s) of alleged harasser(s): \_\_\_\_\_

\_\_\_\_\_

Approximate date(s) of alleged harassment or when harassment began, if ongoing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location or situation where alleged harassment occurred, or is occurring: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of the harassment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and position of individual who conducted your informal consultation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other individuals in whom you have confided about the alleged harassment, bullying and/or  
intimidation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individuals you believe may have witnessed, or also been subjected to, the alleged harassment, bullying and/or intimidation: \_\_\_\_\_

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Remedy sought: \_\_\_\_\_

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\_\_\_\_\_  
*Signature of complainant or complainant's parent/legal guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of individual receiving complaint*

\_\_\_\_\_  
*Date*