

Little Cypress -Mauriceville CISD - ELEMENTARY
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 bullying, harassment, and discrimination) and submitted to the Administrator/Designee of the victim's school.

| | | | |
|-------------------|---------|--------|------|
| Victim full name: | Gender: | Grade: | Age: |
|-------------------|---------|--------|------|

| | | | |
|--------------------------------|---------|--------|------|
| Alleged perpetrator full name: | Gender: | Grade: | Age: |
|--------------------------------|---------|--------|------|

Has similar behavior been observed in the past? Yes No

Location of incident:

Date of Incident:

Time of Incident:

Witnesses:

| Name | Grade | | | | | |
|---------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 _____ | <input type="checkbox"/> K | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2 _____ | <input type="checkbox"/> K | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3 _____ | <input type="checkbox"/> K | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4 _____ | <input type="checkbox"/> K | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Description of Bullying/Harassment Behavior (Include in detail who, what, where, when, how)
 Attach additional pages if necessary.

Was anything said/done by you that could have upset the alleged perpetrator? Yes No

Were you physically harmed in any way by the alleged perpetrator? Yes No

List evidence of bullying/Harassment behavior (threat or message - written or electronic):
 Attach if possible

I certify that all statements made in the complaint are true and complete. Any intentional misstatement of fact will subject me to appropriate discipline. I authorize school officials to disclose information I provide only as necessary in pursuing the investigation.

Signature of Person Filing this complaint: _____

Printed Name of Person filing complaint: _____ Date: _____

Administration only

Name/Title of person receiving form:

Date received: