BULLYING AND HAZING COMPLAINT FORM

School __________________________________________   Today’s Date ______________________

Reporting party’s name ___________________________   Date of Incident(s) _________________

Reporting party’s contact phone/email ______________________________________________________

Relationship to the alleged target or perpetrator ________________________________________________

Alleged target(s) of bullying or hazing ____________________________DOB____________Grade________

Alleged perpetrator(s) of bullying or hazing ____________________________DOB____________Grade

**Bullying** is any deliberate and unwanted, severe or pervasive physical, verbal, or electronic act, conduct or communication, committed by a pupil(s) that is repeated, or likely to be repeated, and has, or can be reasonably predicted to have, the effect of one or more of the following (1) Reasonable fear of harm to person or property; (2) Substantially detrimental effect on physical or mental health; (3) Substantial interference with academic performance; and (4) Substantial interference with the ability to participate in or benefit from school services, activities, or privileges.

**Hazing** is a method of initiation or pre-initiation into a pupil organization or body, which is likely to cause serious bodily injury, personal degradation or disgrace resulting in physical or mental harm to a former, current, or prospective pupil. Hazing does not include athletic events or school-sanctioned events.

1. Describe your concerns. Please include who was involved, when, and where the incident(s) happened, who witnessed it, how long this has been going on, etc.

2. Who else have you talked to or reported your concerns to? When? What happened?

3. Is there anything else we should know? Who else should we talk to? Please include relevant person(s) contact information if you have it.

Please return this completed form to the school Bully Complaint Manager, administrator or school staff. Attach additional pages as needed.