This form may be used by any student or adult to report 'mistreatment by others'. This may include alleged bullying, harassment, discrimination, injury or cyber related incidents.

REPORTING PERSON (First and Last Name) IF STUDENT, ID# & Grade:

CONTACT INFORMATION (Home Phone/Cell/Email/Homeroom Teacher)

DO YOU WANT TO REMAIN ANONYMOUS? _____YES _____NO
TODAY’S DATE: ___________________________ INCIDENT DATE: ___________________________

I am (check all that apply):
- The person who was bullied
- The person who participated in bullying
- A parent/caregiver
- Staff
- A witness
- A student
- A community member

DID YOU REPORT THE BULLYING BEHAVIOR? _____YES _____NO
IF YES, TO WHOM? ___________________________ WHEN? ___________________________

PERSON(S) YOUR COMPLAINT INVOLVES (if known): ________________________________________

Were there any witnesses? _____YES _____NO If yes, list their name(s):

WHERE DID THE BULLY BEHAVIOR HAPPEN? Circle location:
- Classroom
- Hallway
- Restroom
- Gym
- Locker room
- Lunchroom
- Field
- School bus
- Internet
- Cell phone
- Outside
- Another campus
- To/from school
- Other

Please check the box that best describes what the accused did. Please choose all that apply.
- Physical: Hitting, kicking, shoving, spitting, etc.
- Getting another person to hit or harm the student
- Teasing, name calling, put downs, criticizing, jokes
- Property issues. (hiding, damaging, taking)
- Threatening in person, by phone, by e-mail, etc.
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Spreading harmful rumors or gossip
- Demanding money/homework/etc.
- Other
Bully Behavior Report
Ed Code 48900

Describe what happened. Use all exact language and as much detail as possible.
If I were watching it on a video, what exactly would I see?

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

__________________________    ____________________
Signature of complainant                                             Date

__________________________    ____________________
Signature of school official receiving Bully Behavior Report         Date

**Please submit this form to the school principal. If you need assistance in completing this form, please
contact the school principal. Complaints will be investigated and resolved within 15 school days of receipt of
this complaint form.
INCIDENT/WITNESS STATEMENT

Sworn Declaration of: ____________________________ Grade: _______ DOB: _______ ID: _____________

Date of Incident: ____________ Time: ____________ School: _______________________________

Location: ________________________________________ Other Witnesses: Yes No

IMPORTANT – PLEASE READ

- State the facts only!
- A description of an incident should clearly state only what you saw or heard
- Clearly identify any person that may have been involved in this incident (Use names instead of pronouns such as he, she, they, them, etc.).
- Describe in sequence the course of events that took place with as much detail as possible.
- Perjury (lying) is a criminal offense.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge on date:

_______ day of _____________, 20 ______.

Declarant Signature: ______________________________