



# SARGENT CENTRAL PUBLIC SCHOOL

## BULLYING COMPLAINT FORM

This form must be completed to file a complaint relating to an incident of alleged bullying and turned in to the school principal/designee, main office or bullying report drop box. Please complete both pages, responding only to the questions you feel comfortable answering and can accurately answer. You may choose to include your name at the bottom of the form, or you may submit it anonymously. Please note that the district's ability to investigate an anonymous complaint may be limited, and the district prohibits retaliation against anyone who files a bullying report.

### Describe what happened/what is happening:

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### When did it happen?

- Before school                       During school                       After school                       Unsure

Date \_\_\_\_\_

Time \_\_\_\_\_  AM                       PM

### Where did it happen?

- In the school building (list specific room): \_\_\_\_\_  On the school playground  
 In the school parking lot                       On the school bus                       Online  
 At a school event (list specific event): \_\_\_\_\_  
 Other (please specify): \_\_\_\_\_  Unsure

### Who was committing the bullying? If you don't know the bully's name(s), describe him/her.

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### Who was the victim of the bullying? If you don't know his/her name, describe him/her.

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**Did anyone else witness the bullying? If yes, please list.**

Yes       No       Unsure

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**Were you or others physically hurt? If yes, please explain.**

Yes       No       Unsure

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**Was there any damage to anyone's personal property? If yes, please explain.**

Yes       No       Unsure

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**Have you or the victim missed any school or made any changes to your daily routine as a result of the incident(s)? If yes, please explain.**

Yes       No       Unsure

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**Select any of the following you have talked with about the bullying.**

Parent       Babysitter       Brother/sister       Teacher

Other school staff: \_\_\_\_\_  Other family member: \_\_\_\_\_

Other: \_\_\_\_\_

**Have you previously filed a bullying report? This information is used to determine if retaliation is occurring.**

Yes       No

**Contact Information**

Your name: \_\_\_\_\_

Your grade and age: \_\_\_\_\_

**How can we contact you?**

Phone \_\_\_\_\_

Email \_\_\_\_\_

Other \_\_\_\_\_