

WALLINGFORD- SWARTHMORE SCHOOL DISTRICT

ADMINISTRATIVE GUIDELINE

APPROVED: DECEMBER 5, 2016

REVISED:

249-AG-1. REPORT FORM FOR BULLYING

Complainant: _____

Home Address: _____

Home Phone: _____

School Building: _____

Date of Alleged Incident(s): _____

Name of person(s) you believe violated the District's bullying policy:

If the alleged bullying was directed against another person(s), identify the other person(s):

Describe the incident as clearly as possible, including what electronic, written, verbal or physical actions or series of actions occurred, if any, and what verbal statements (i.e., threats, requests, demands, etc.) have been made. Attach additional pages if necessary: _____

When and where incident occurred: _____

List any witnesses who were present: _____

How has this incident affected your education or the school environment: _____

This complaint is based on my honest belief that _____ has bullied me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature

Date

Received By

Date