



*Linking Learning to Life*

# Marshall County School System Bullying/Harassment Complaint Form

LEA \_\_\_\_\_ School \_\_\_\_\_

**1. Complainant Information**

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Grade \_\_\_\_\_ Sex \_\_\_\_\_

**2. Name of person(s) who bullied, harassed, or discriminated against you:**

\_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

**3. When/Where did the incident take place:** \_\_\_\_\_

\_\_\_\_\_

**4. Describe the incident (attach additional pages if necessary):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List all witnesses with knowledge of the incident:

_____	Grade _____	Sex _____
_____	Grade _____	Sex _____
_____	Grade _____	Sex _____

6. What outcome would you like to see as a result of this complaint? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person receiving Complaint Form

\_\_\_\_\_  
Date

**\*\*Be sure to attach any supporting documentation/evidence\*\***



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# Marshall County School System Bullying/Harassment Report Form

This form is used to identify a possible incident of bullying. The staff person who observes the conduct or receives the complaint should complete this form, not the complaining student or staff. Copies of this form should be forwarded to the Central Office complaint manager for follow up.

Date of report: \_\_\_\_\_ Date and Time of Incident: \_\_\_\_\_

School: \_\_\_\_\_ LEA: \_\_\_\_\_

Teacher/Staff: \_\_\_\_\_ Position: \_\_\_\_\_

Name(s) of victim(s)	Name(s) of student(s) bullying	Name(s) of witnesses/bystanders

Information about the Victim									
Grade	Gender		Race						
	Male	Female	African American	Asian/Pacific Islander	Hispanic	Native American	White		

Information about the Student Bullying									
Grade	Gender		Race						
	Male	Female	African American	Asian/Pacific Islander	Hispanic	Native American	White		

Check the Behaviors that Apply				
<b>Verbal: Involves saying or writing mean things.</b>				
Teasing	Name-calling	Taunting	Threatening to harm	
Defacing or falsifying schoolwork	Insulting/degrading graffiti	Cyber-bullying	Other:	
<b>Social/Relational: Involves hurting someone's reputation or relationships.</b>				
Leaving someone out on purpose	Telling others not to be friends with someone	Spreading rumors about someone	Embarrassing someone in public	
Threatening another to secure silence	Ignoring someone to punish or coerce	Playing mean tricks	Other:	
<b>Physical: Involves hurting someone or harming their possessions.</b>				
Starting a fight	Cornering or blocking movement	Pushing/Shoving	Pinching	
Scratching	Hair pulling	Spitting	Slapping	
Kicking	Tripping	Biting	Hitting	
Destroying or defacing property	Theft	Assault	Assault with a weapon	
Sexual Assault	Rape	Using negative body language or facial expressions	Other:	

Where did the bullying happen? (check all that apply)				
Bathroom	Hallway	In class with teacher	In class without teacher	
Cafeteria	To/From School	Bus Stop	Bus	
Playground	Auditorium	Gymnasium	School Sponsored Event Area	
Other:				

Principal of School Investigating this Report: \_\_\_\_\_

Date and Time of Investigation: \_\_\_\_\_

Students, Teachers, Staff Interviewed		
Name(s) of victim(s)	Name(s) of student(s) bullying	Name(s) of witnesses/bystanders

Findings of Investigation:

Description of Resolution:

Date resolution completed: \_\_\_\_\_

Repeat bullying offender?  Yes  No      Parent contacted?  Yes  No

Referral to guidance counselor?  Yes  No

Based on Administrator's investigation, was this incident deemed an act of bullying?  Yes  No

If so, was bullying act based on one of the following involved:

Race, color or national origin \_\_\_\_\_

Sex or gender-based discrimination \_\_\_\_\_

Disability \_\_\_\_\_

Use of electronic technology \_\_\_\_\_

Is this case still pending?  Yes  No

----- For Central Office Use Only -----

Complaint manager: \_\_\_\_\_

Resolution approved?      Yes       No