RSU #82/MSAD #12 BULLYING REPORT FORM

Date the alleged bullying incident(s) is reported: _____

Name of complainant/reporter (by law, reports may be anonymous): ______________________

Status of reporter: Student  Parent  School employee/coach/advisor  Other _________

Contact information for reporter (if reporter is student, contact information for parent/guardian):
Phone: ________  Cell phone: ________  Email: ___________________________
Address: _____________________________________________________________________

Name of alleged target(s): _____________________________________________________________________

Name of alleged bully(ies): _____________________________________________________________________

Relationship between alleged target/bully(ies): _____________________________________________________________________

Date(s), time(s) and location(s) of alleged incident(s): ___________________________________________

Names of witnesses: _____________________________________________________________________

Description of incident(s), including any supporting documentation (use additional pages if more space is needed):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

____________________________________  Date: _____________
Signature of complainant/reporter

Received by: ___________________________  Date: _____________
Position/title: ___________________________

Copy to building principal: Date: ___________________________

Copy to Superintendent: Date: ___________________________

Adopted: June 21, 2017