

# Bullying Complaint Form

Your Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Your Teacher's Name: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

What happened? (include as many details as possible)



Who was bullying who?

Who else saw what happened?

Where did the bullying take place?

\_\_\_ hallway \_\_\_ PE class \_\_\_ bus or bus stop \_\_\_ classroom \_\_\_ lunchroom  
\_\_\_ bathroom \_\_\_ neighborhood \_\_\_ recess \_\_\_ other (please describe)

When did the bullying take place?

\_\_\_ morning \_\_\_ afternoon \_\_\_ after school  
\_\_\_ before school \_\_\_ lunchtime \_\_\_ other time: \_\_\_\_\_

Has this person bullied you or others before?    yes    no

If this person has bullied you or others before, have you filled out a bullying form or told an adult in the past?    yes    no