



# Acalanes Union High School District

## Bullying Complaint Form (BP/AR/E 5131.2)

You can complete this form on your own computer. To move from field to field, use the Tab key. You may then print the completed document and if desired, save the document template to your own computer. Duplicate fields will be repopulated after your first entry.

**Please submit this report to a school administrator. Complaints will be investigated and resolved within 15 school days of receipt of this complaint form.**

Date of Report: \_\_\_\_\_

Student making report: \_\_\_\_\_  
First Last

Person filing complaint on behalf of Student: \_\_\_\_\_  
First Last

Person(s) complaint being filed against: \_\_\_\_\_

Has this incident been previously reported?  Yes  No Date reported: \_\_\_\_\_

If previously reported, to whom? \_\_\_\_\_

Names of all persons involved with this complaint: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Where did the incident take place? \_\_\_\_\_

**Please describe the incident in as much detail as possible. Include additional paper if necessary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of all witnesses during the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_