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**