

BULLYING REPORT FORM

Browns Valley School • Independent School District 801

General Statement of Policy Prohibiting Bullying

Independent School District No. 801, Browns Valley School maintains a firm policy prohibiting all forms of bullying. An act of bullying by either an individual student or group of students is expressly prohibited on school district property or at school-related events. This policy applies not only to students who directly engage in an act of bullying, but also to students who, by their indirect behavior, condone or support another student's act of bullying. For the purpose of this form, bullying is defined as repeated acts (verbal and non-verbal expressions and behaviors including written and electronic transmissions) that are coercive and intimidating and inhibit a positive and supportive learning environment.

Complainant Information

Name: _____ Home Phone: _____

Home Address: _____ Work Phone: _____

Best time of day to contact: am pm at Home Work Cell Cell Phone: _____

Incident Information

Date: _____ Location: _____

Bully or Bullies:

Names of Witness(s):

Description of Incident

Describe the incident(s) in detail. Please include any verbal statements (i.e., threats, requests, demands, name calling) or whether any physical force or contact was involved. Attach additional pages if necessary.

Total pages submitted including this page _____ (include name and date on each page.)

This complaint is filed based on my belief that _____ bullied me or another person. I hereby certify that the information I have provided in this complaint is true and complete to the best of my knowledge.

Complainant Signature: _____ Date: _____

Received by Signature: _____ Date: _____

Please return this completed form to principal or designee