

Fairfield Area School District
Fairfield, Pennsylvania 17320

REPORT FORM FOR COMPLAINTS OF BULLYING/CYBERBULLYING

Complainant: _____
Home Address: _____
Home Phone: _____
School Building: _____
Date of Alleged Incident(s): _____

Alleged bullying / cyberbullying was based on: (circle those that apply)

- | | | | |
|--------|----------|--------------------|-----------------|
| Race | Religion | Age | National Origin |
| Gender | Color | Sexual Orientation | Disability |

Name of person you believe violated the District's bullying / cyberbullying policy:

If the alleged harassment was directed against another person, identify the other person:

Describe the incident as clearly as possible, including what force, if any, was used; verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved. Attach additional pages if necessary:

When and where incident occurred: _____

List any witnesses who were present: _____

This complaint is based on my honest belief that _____ has harassed me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature

Date

Parent/Guardian Signature

Date

Received By

Date