RSU NO. 5 BULLYING REPORT FORM

Date the alleged bullying incident(s) is reported: ________________________________

Name of complainant/reporter (by law, reports may be anonymous): ________________

Status of reporter: Student    Parent    School employee/coach/advisor  Other ______

Contact information for reporter (if reporter is student, contact information for parent/guardian):
Phone: _______  Cell phone: _______  Email: _________________

Address: ________________________________________________

Name of alleged target(s): ____________________________________________

Name of alleged bully(ies): ____________________________________________

Relationship between alleged target/bully(ies): ____________________________

Time(s) and location(s) of alleged incident(s): _____________________________

Names of witnesses: ____________________________________________________

Description of incident(s) (attached additional pages if more space is needed):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

_________________________________________  Date: _____________
Signature of complainant/reporter

Received by: _______________________________  Date: _____________

Position/title: ______________________________

Copy to building principal: Date: _____  Copy to Superintendent: Date: _____

Adopted: March 27, 2013
Moved to Administrative Procedure: March 25, 2020