

North Zulch ISD Bullying Complaint form

Name: _____ Date: _____

Grade: _____ Teacher: _____

Please answer the following questions about this incident

1. Please list the name(s) of the alleged perpetrator of bullying

2. Describe the incident:

3. Where and when did the incident take place:

4. Please list any witness(es):

5. Is this the first incident? If no, how many times has this happened before

Signature of student _____

Date: _____

School Official _____

Date: _____