

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: \_\_\_\_\_