



North Pike School District Bullying/ Harassment Complaint Form

PLEASE CHECK ONE: ___ **NPE** ___ **NPMS** ___ **NPHS** ___ **ALTERNATIVE SCHOOL**

Complainant's Name: _____ Date: _____ Grade: _____

Address: _____

Telephone Number: _____ Cell: _____ Work: _____

Name of Individual(s) Involved: _____

Describe the nature of the Bullying/Harassment:

Person(s) who was responsible for the Bullying/Harassment:
Name: _____

Date and Time of the Incident: _____

Was it the first and only incident? Yes No Did it occur more than once? Yes No
Did it occur during your school hours? Yes No Is it still going on? Yes No

Location of Incident: _____

Describe the incident and the circumstances in which the incident took place:

What was your reaction? How did this make you feel?

Did you talk to anyone after the incident? Give details:

List Witnesses to the Bullying/Harassment:
Name: _____ Name: _____
Name: _____ Name: _____

Complainant's Signature: _____ **Date:** _____

I understand that the incident(s) described above will be investigated, I will be given an opportunity to explain further if necessary, and I will be informed of the results of the investigation.