



PENN-HARRIS-MADISON SCHOOLS

55900 BITTERSWEET ROAD, MISHAWAKA IN 46545 - (574) 259-7941

BULLYING COMPLAINT FORM

Name of Target(s): _____ School: _____

Name of Alleged Bully(ies): _____

Date of Incident: _____ Time of Incident: _____
Where did the incident take place: _____

Please circle the conduct below that best describes the behavior:

<u>Physical</u>	<u>Verbal</u>	<u>Social/Relational</u>	<u>Electronic/Written Communication</u>
Pushing / Shoving	Name calling	Spreading rumors	Cyber bullying
Hitting / Punching	Making offensive remarks	Making fun of someone	Offensive or hurtful text messages
Pinching / Tripping	Threatening someone		Group note writing
Scratching / Spitting	Repeated teasing		
Hiding or taking items	Intimidating someone		
Damaging or stealing items			
Other: _____	Other: _____	Other: _____	Other: _____

Please describe the incident in as much detail as possible: _____

Did anyone else see this behavior? Yes No
Who? _____

Was there more than one incident? Yes No

If yes, please provide the following information about the other incident(s):
Date(s): _____ Time(s): _____
Where did the other incident(s) take place: _____
Please describe other incident(s) in as much detail as possible: _____

Identify any evidence of bullying (e.g., notes, pictures, text messages) and attach it to this form: _____

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

Signature: _____ Date: _____
(Students may submit this form anonymously)

◆ Please submit this form to the Principal or his or her designee. ◆