



The School District of Lee County Bullying Complaint Report Form

This report **MUST** be completed to file a complaint relating to an incident of alleged bullying (*for the purpose of this form, bullying encompasses bullying, harassment, and discrimination, including cyber incidents*) and turned in to the School Principal/Designee of the victim's home school.

INCIDENT DATE(S): _____

YOUR NAME (PLEASE PRINT)	GRADE
VICTIM NAME	SCHOOL
ACCUSED NAME	SCHOOL (IF KNOWN)

Describe the location. Where did the incident take place?:

Describe the incident:

List all witness' names:

List evidence of bullying (i.e. letters, photos, etc. – attach evidence if possible):

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

Signature of Complainant

Date

Name of person receiving Bullying Complaint Form

Date

Be sure to attach any supporting documentation/evidence/investigation.

**Thank you. This report will be followed up within 2 school/work days.
If you fear a student is in IMMEDIATE danger, please contact the police immediately!**
