



## BETHEL PUBLIC SCHOOLS REPORT OF SUSPECTED BULLYING BEHAVIORS

*If you suspect your child is being bullied, please complete this form and submit it to the building principal.*

Alleged Victim: \_\_\_\_\_

Name of Person Completing Report: \_\_\_\_\_

Relationship to Alleged Victim: \_\_\_\_\_

Would you like to remain anonymous? Yes  No

Complaint Filed Against: \_\_\_\_\_

Date(s) of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location(s): \_\_\_\_\_

Have there been previous incidents? Yes  No

Indicate if there are witnesses who can provide more information regarding your complaint. If the witnesses are not school district staff or students, please provide contact information.

Name (first and last)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Specify your complaint by stating the problem as you see it. Describe the incident, participants, background to the incident, and any attempts you have made to resolve the problem. Please note relevant dates, times and places (attach additional pages if necessary).

\_\_\_\_\_  
\_\_\_\_\_

