

Adopted: 7/21/14

Revised:

**514F BULLYING PROHIBITION FORM**

INDEPENDENT SCHOOL DISTRICT NO. 885

BULLYING PROHIBITION FORM

General Statement of Policy Prohibiting Bullying

Independent School District No. 885 maintains a firm policy prohibiting acts of bullying, by either an individual student or a group of students, which is expressly prohibited on school premises, on school district property, at school functions or activities, or on school transportation.

Complainant \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Name of person you believe bullied or engaged in other prohibited conduct against you or a student: \_\_\_\_\_

If the bullying act or other prohibited conduct was toward another person, identify that person: \_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Where and when did the incident(s) occur: \_\_\_\_\_  
\_\_\_\_\_

List any witnesses that were present: \_\_\_\_\_  
\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has bullied or engaged in other prohibited conduct against me or a student. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Complainant Signature) (Date)

Received by: \_\_\_\_\_