BELLEVUE CITY SCHOOLS

BULLYING COMPLAINT FORM

| Name of Complainant | | | |
|---|---------------|-----------------------|--------------|
| □Student Name | | | |
| School | _ Grade | Age | |
| □Parent | | | _ |
| □Staff Name | | | _ |
| ☐ Check box if you are an administrator or teacher assisting | g a student i | n filling out the com | nplaint |
| Assignment | | | |
| Phone Number | | | |
| Type of Complaint: □Bullying | | | |
| Basis of Complaint: | | | |
| □Physical violence and/or attacks □Threats, taunts, | and intimid | ation through words | and gestures |
| □Extortion, damage, or stealing of money and/or possession | ons | | |
| □ Repetitive and hostile behavior with the intent to harm of communication technologies and other web-based/on-line states. | _ | | tion and |
| □Violence within a dating relationship | | | |
| □Other, Please explain: | | | |

Bullying Complaint Form-Page 2

| additional space is needed, use reverse side of paper or attach additional sheet(s) | Describe specific act(s) alleged with date(s), time(s) and location(s) if possible. Include any events/history leading up to the bullying event: If additional space is needed, use reverse side of paper or attach additional sheet(s) | | | | | |
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Bullying Complaint Form-Page 3

| Has anyone witnessed the alleged behavior? □Yes □No | | | | | |
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| If yes, please list names and contact information: | | | | | |
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| Did you take any action to stop the alleged behavior? □Yes □No | | | | | |
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| How would you like to see the situation resolved? Possible interventions are provided. | | | | | |
| ☐ Supervise and discipline offending students fairly and consistently. | | | | | |
| □Provide adult supervision during recess, lunch time, bathroom breaks, and in the hallways during times of transition. | | | | | |
| ☐Maintain contact with parents and guardians of all involved parties. | | | | | |
| ☐ Assist the victims to obtain counseling if assessment indicates that it is needed. | | | | | |
| ☐ Inform school personnel of the incident and instruct them to monitor the victim and the offending party for indications of harassing, intimidating, and bullying behavior. Personnel are to intervene when prohibited behaviors are witnessed. | | | | | |
| □Check with the victim daily to verify that there has been no incidents of harassment, intimidation, bullying, or retaliation from the offender or other parties. | | | | | |
| □Other, please explain: | | | | | |
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Please submit bullying complaints to the building principal, guidance counselor, teacher or any school administrator: