

JAMESTOWN PUBLIC SCHOOL DISTRICT #1 BULLYING COMPLAINT REPORT

Com	plainant: Student/grade or Employee (circle)
Hom	e Address: Phone:
Scho	Date:
Sumi	nary of the Alleged Complaint/Conduct
1.	Date(s) on which alleged conduct occurred:
2.	Names of witnesses (please specify whether employee, student, or other):
3.	Name(s) of the alleged offender(s) (If known) Please Print
4.	Where did the incident happen (choose all that apply)
	On school property On a school bus
	At a school sponsored activity/event
	Other (explain):
5.	Describe in detail the specific incident(s) that is the basis of this complaint. Include verbal statements (e.g. threats, demands), or physical threats that are relevant. (Use additional sheets if needed.)
6.	Did a physical injury result from the incident?
	No Yes, but it did not require medical attention Yes, medical attention was required
7.	Was the student victim absent from school as a result of the incident? Yes No If yes, how many days?
	Is there any additional information you would like to provide?
	I request that the following actions be taken for restitution/recovery:
	TIFICATION ify that the statements made in this complaint are true and accurate.
Signa	ture of Complainant