

**WALTHALL COUNTY SCHOOL DISTRICT
BULLYING/HARASSING BEHAVIOR COMPLAINT FORM**

Complainant		Date	
Grade			
School		Date of Alleged Incident(s)	
Name of Victim		Name of persons(s) responsible for the alleged Bullying/Harassing Behavior	
When and where did the incident occur: _____			
Describe other details of the incident as clearly as possible. Attach additional pages as necessary. _____			
Did anyone witness the Bullying/Harassing Behavior		Yes	No
		If yes, name the witnesses:	
What was your reaction to the Bullying/Harassing behavior?			
How should this incident be resolved?			
I assert that all of the information presented is accurate and true to the best of my knowledge.			
Signature of Complainant		Relationship to Victim	Date