AUGUSTA SCHOOL DEPARTMENT BULLYING REPORT FORM

Date the alleged bullying incident(s) is reported: ________________

Name of complainant/reporter (by law, reports may be anonymous): ________________

Status of reporter: Student  Parent  School employee/coach/advisor  Other _________

Contact information for reporter (if reporter is student, contact information for parent/guardian): Phone: ________  Cell phone: ________  Email: ________________  
Address: ______________________________________________________________________

Name of alleged target(s): ______________________________________________________________________

Name of alleged bully(ies): ______________________________________________________________________

Relationship between alleged target/bully(ies): ______________________________________________________________________

Date(s), time(s) and location(s) of alleged incident(s): ______________________________________________________________________

Names of witnesses: ______________________________________________________________________

Description of incident(s), including any supporting documentation (use additional pages if more space is needed):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

_____________________________  Date: ________________  
Signature of complainant/reporter

Received by: ________________  Date: ________________  
Position/title: ________________

Copy to building principal: Date: ________________

Copy to Superintendent: Date: ________________

Adopted: April 10, 2013

Revised: January 11, 2017

AUGUSTA BOARD OF EDUCATION