

KHA Bullying Report Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ School Official Receiving Complaint: \_\_\_\_\_

Please answer the following questions about this reporting incident:

List the name of the alleged perpetrator. If name is not known, provide any other identifiable information:

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Relationship between you and the alleged perpetrator:

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Describe the incident:

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When and where did it happen?

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Were there any witnesses?  yes  no If yes, who? \_\_\_\_\_

Is this the first incident?  yes  no If no, how many times has it happened before? \_\_\_\_\_

Other information, including previous incidents or threats:

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Student or parent declines to complete this form: Initial: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that all statements made in the complaint are true and complete. Any intentional false statement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation.

Signatures:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

School official receiving complaint: \_\_\_\_\_ Date: \_\_\_\_\_

School official conducting follow-up: \_\_\_\_\_ Date: \_\_\_\_\_

*This document shall remain confidential*