San Diego Unified School District
Bullying and Intimidation Complaint Form

Bullying and intimidation are serious and will not be tolerated. This is a form to report alleged bullying or intimidation that occurred on school property; at a school-sponsored activity/event off school property; on a school bus; or on the way to and/or from school in the current school year. If you wish to report an incident of alleged bullying or intimidation, complete this form and return it to the Principal at the student victim's school. You may contact the school for additional information or assistance at any time.

PERSON REPORTING INCIDENT

Name: _____ Today's date: _____

Telephone: _____ E-mail: _____

Place and X in the appropriate box:

( ) Student ( ) Parent/guardian ( ) School Staff ( ) Student/Witness

Name of student victim: _____ Grade: _____ School: _____

Name (s) of alleged offenders: _____ Grade: _____ School: _____

_____

On what date(s) did the incident happen? _____

Where did the incident(s) happen? (Choose all that apply)

( ) On school property ( ) At a school-sponsored activity or event off of school property

( ) On the computer ( ) on the way to/from school ( ) at the bus stop ( ) other _____

Choose the statement(s) that best describes what happened (choose all that apply)

( ) Teasing ( ) Threat ( ) Cyberbullying ( ) Social exclusion ( ) Intimidation ( ) Physical Violence ( ) Public humiliation ( ) other _____

What did the alleged offender(s) say or do? _____

_____

Did a physical injury result from this incident: Place an X next to one of the following:

( ) No ( ) Yes, and it required medical attention ( ) Yes, but it did not require medical attention

Were there any witnesses? Yes _____ No _____

If yes, state their name(s) and contact information if known: _____

_____

By completing this form, you are verifying that your statements are true and exact to the best of your knowledge. If you fear a student is in <u>IMMEDIATE</u> danger, please contact a trusted adult, school police or San Diego Police Department immediately!

Signature: _____ **Date:** _____

_____

Printed Name

For Office Use Only

Date Received:	
Received by:	**Title:**