

**WINNER SCHOOL DISTRICT 59-2  
OFFICIAL SCHOOL BOARD POLICY**



**BULLYING COMPLAINT REPORT FORM**

Date Form Completed: \_\_\_\_\_

Form Completed by: \_\_\_\_\_

Person Reporting the Bullying:

\_\_\_\_\_  
\_\_\_\_\_

Address/Phone # of the Person Reporting the Bullying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Complaint: (With specificity, identify the person(s) alleged to have bullied, the conduct which is the basis of the bullying complaint, when/where the conduct occurred, the person(s) alleged to have bullied, witnesses, and any other pertinent information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use additional sheets if necessary).

\_\_\_\_\_

Date School Employee Completing the Bullying Report Form

\_\_\_\_\_