

Dover-Eyota Public Schools
BULLYING REPORT FORM

An act of bullying, by either an individual student or a group of students, is expressly prohibited, and described in detail in Policy 514 – Bullying Prohibition. The policy is available on the district website (www.desch.org), as well as at the District Office.

Complainant _____
Home Address _____
Work Address _____
Home/Cell Phone _____ Work Phone _____
Email _____

Dates and location(s) of alleged incidents _____

Name of person you believe bullied you or another person. _____

If the alleged bullying was toward another person, identify that person. _____

Describe the incidents as clearly as possible, including such things as: any verbal statements (i.e. threats, intimidation, name-calling, requests, demands, etc.); what, if any, physical contact was involved; etc. Attach additional pages if necessary.

List any witnesses that were present _____

Do you have evidence which may support your claim such as recorded messages or conversations or comments via technology? If so, please provide those in addition to your report.

This complaint is filed based on my honest belief that _____ has bullied me or another person. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

(Complainant Signature) (Date)

Received by _____
(Date)

ACTION TAKEN: _____

