

Ledyard Public Schools Bullying Complainant Reporting Form

Student Name: _____ **Grade:** _____

Address: _____ **Telephone:** _____

School: _____ **Teacher** _____

Date of Complaint: _____ **Complaint filed against (name):** _____

Description of complaint: (Please include location(s) of event(s), time(s), frequency of offense(s), and specific details of the action or actions that constitute bullying.)

Witnesses (if applicable):

Name: _____ **Telephone:** _____

Address: _____

Name: _____ **Telephone:** _____

Address: _____

Complainant's signature: _____ **Date:** _____

Relationship if other than student _____

School Official: _____ **Date:** _____