

Mesa View Middle School

A DEDICATED "STEM" ACADEMY FOR GRADES 6-8

"Learners Today, Leaders Tomorrow"

BULLYING COMPLAINT FORM

Information will be kept strictly confidential. Reports may be filed anonymously.
Completion of this form will initiate an investigation of the reported incident.

NAME _____ DATE: _____

ADDRESS _____ PHONE: _____

Please identify yourself:

STUDENT _____ PARENT _____ EMPLOYEE _____ VOLUNTEER _____ OTHER _____

Please check the type of bullying that has occurred; more than one may be checked.

Dates of bullying: _____

Person(s) who committed bullying: _____

VERBAL _____
Name-calling, racial remarks, belittling, etc..., which can be done on the phone, in person, in writing, or via text, e-mail or online posting.

Person(s) who witnessed bullying: _____

PHYSICAL _____
Hitting, kicking, shoving, twisting arms, spitting, tripping, or damaging personal property.

Please write a detailed description of the bullying that has taken place.

EXTORTION _____
Verbal or physical bullying for money or personal items.

HAZING _____
Having to participate in an act of physical or emotional harm to join a group.

INDIRECT _____
Rejection, exclusion, ignoring, alienating, or isolating to purposely causes distress.

CYBERBULLYING _____
Using technology to harass, threaten, or target another.

PLEASE WRITE ON THE BACK IF YOU NEED MORE SPACE.

REPORTING PERSON'S SIGNATURE _____