



Sandusky City Schools

BULLYING & OTHER FORMS OF AGGRESSIVE BEHAVIOR COMPLAINT FORM

[PLEASE PRINT CLEARLY]

Child Complainant: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Date(s) of alleged incident(s): _____

Location(s) and time(s) of alleged incident(s): _____

Name of person(s) you believe bullied or was violent toward you or another person: _____

Witness name(s), if any, to alleged incident(s): _____

(Attach witness statements if necessary)

Describe the incident(s), as clearly as possible, including verbal statements and/or if physical contact was involved: _____

(Attach additional pages if necessary)

The student requested this complaint to remain anonymous and understands the limitations of such reporting.

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.

Complaint Signature: _____ Date: _____

Parent/Guardian Name (Print): _____ Signature: _____

Administration Section:

Principal/Administrator Investigating: _____ Date of Receipt: _____

Investigating administrator will immediately file copies of this form with the following:

- Child Complainant's File
- Office File
- Chief of Staff
- Student Services