



BULLYING REPORT FORM

General Statement of Policy Prohibiting Bullying

Wright Technical Center District No. 966 maintains a firm policy prohibiting acts of bullying, by either an individual student or a group of students, which is expressly prohibited on school premises, on school district property, at school functions or activities, or on school transportation.

Complainant _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

Date of Alleged Incident(s) _____

Name of person you believe bullied or engaged in other prohibited conduct against you or a student:

If the bullying act or other prohibited conduct was toward another person, identify that person:

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary.)

Where and when did the incident(s) occur?

List any witnesses that were present _____

This complaint is filed based on my honest belief that _____
has bullied or engaged in other prohibited conduct against me or a student. 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)