

Diocese of Allentown
Bullying Complaint Form

Today's Date: _____ School: _____

PERSON REPORTING INCIDENT	Name: _____		
Best Time of day to contact: AM PM	Telephone: _____		
Email: _____			
Place CIRCLE the appropriate description:			
Student	Parent/Guardian	Close Relative	Other (Specify) _____

1. Name of student victim:

2. Name(s) of alleged offender(s) (If known): Age School (if known)

3. Where did the incident occur?

4. Describe what happened (Attach separate sheet if necessary)

5. What did the alleged offender(s) say or do? (Attach separate sheet if necessary)

6. Why did the bullying occur? (Attach a separate sheet if necessary)

7. _____

8. Did physical injury result?

NO YES, but did not require medical attention YES, and it required medical attention

9. Was the student victim absent from school as a result of the incident?

NO YES

If YES, please indicate how many days the student victim was absent from school as a result of the incident _____.

10. Did psychological injury result from this incident? P

NO YES, but psychological services have not been sought YES, and psychological services have been sought

11. Had steps been taken to resolve such activity prior to this report?

NO YES Not Applicable

12. If there any additional information you would like to provide? (Attach separate sheet if necessary)

SIGNATURE: _____

DATE: _____

For Office Use

Received By (School Personnel Name and Position): _____

Date Received: _____