

(Check which applies to you)

- Student
 Parent
 Employee
 Community



2020–2021 Bullying Complaint/Witness

This form available in Main Office, Student Affairs and Guidance.

Today's Date _____

| | |
|---|-------------------------------------|
| YOUR NAME (Optional) | PHONE NUMBER |
| VICTIM | GRADE LEVEL |
| ACCUSED | GRADE LEVEL |
| SCHOOL/DEPARTMENT Steinbrenner High School | SITE ADMINISTRATOR/SCHOOL PRINCIPAL |
| INCIDENT DATE | INCIDENT LOCATION |

What happened?

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature (Optional)

Date

Thank you for your help. The highest level of confidentiality possible will be upheld regarding the submission of a complaint or a report of bullying and/or harassment, and the investigative procedures that follow. This form will be filed at the school after the investigation is complete.

GIVE THIS FORM TO AN ADMINISTRATOR AT YOUR SCHOOL