

## Ledyard Public Schools Bullying Complainant Reporting Form

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**Date of Complaint:** \_\_\_\_\_ **Complaint filed against (name):** \_\_\_\_\_

**Description of complaint: (Please include location(s) of event(s), time(s), frequency of offense(s), and specific details of the action or actions that constitute bullying.)**

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### Witnesses (if applicable):

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Complainant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship if other than student** \_\_\_\_\_

**School Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_