## **Ledyard Public Schools Bullying Complainant Reporting Form**

Student Name:	Grade:
Address:	Telephone:
School:	Teacher
Date of Complaint:Complaint filed	d against (name):
Description of complaint: (Please include loca and specific details of the action or actions the	tion(s) of event(s), time(s), frequency of offense(s), at constitute bullying.)
Witnesse	es (if applicable):
Name:	Telephone:
Address:	
Name:	Telephone:
Address:	
Complainant's signature:	Date:
Relationship if other than student	
School Official:	Date:

Forms are located in Health Offices, School Psychologist's Office, Guidance Counselor's Office, and on School and District Websites.