Ledyard Public Schools Bullying Complainant Reporting Form

Student Name:	
School:	
Teachers:	Grade:
Home address:	
Telephone:	
Date of Complaint:	
Complain filed against: (name)	
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	ude location(s) of event(s), time(s), frequency of
offense(s), and specific details of the ac	ction or actions that constitute bullying.)
Witnesses (if applicable):	
Name:	Telephone:
Address:	
Name	Telephone:
Name:Address:	rerephone
Audioss.	
Complainant's signature:	Date:
-	p if other than student.)
School Officical:	Date:

Forms can be found in the Health Office, School Psychologist Office, Guidance Counselor's Office, and on School and District Websites.