## Ledyard Public Schools
## Bullying Complainant Reporting Form

**Student Name:**________________________________ **Grade:**________

**School:**______________________ **Teacher**______________________

**Telephone:**__________________________________________________

**Date of Complaint:** ___________________________________________

**Complaint filed against (name):** ________________________________

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**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:**_______________

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