

BULLYING OR HARASSING BEHAVIOR COMPLAINT FORM

\_\_\_\_\_  
NAME OF PERSON REPORTING  
MISCONDUCT

\_\_\_\_\_  
DATE OF REPORT

\_\_\_\_\_  
NAME OF VICTIM

\_\_\_\_\_  
NAME OF PERSON TAKING REPORT

\_\_\_\_\_  
NAME OF WITNESS TO MISCONDUCT

\_\_\_\_\_  
NAME OF WITNESS TO MISCONDUCT

\_\_\_\_\_  
NAME OF WITNESS TO MISCONDUCT

\_\_\_\_\_  
NAME OF WITNESS TO MISCONDUCT

DESCRIBE THE SPECIFIC NATURE OF THE MISCONDUCT, INCLUDING DATE(S)

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ANY OTHER INFORMATION THAT WOULD ASSIST IN THE INVESTIGATION

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