

CALAIS MIDDLE & HIGH SCHOOL

BULLYING REPORT FORM

Name of complainant/reporter (by law, reports may be anonymous): _____

Status of reporter: Student, Parent, School employee/coach/advisor other:

Contact information for reported (if reported is student, contact information for parent/guardian):

Phone: _____ Cell Phone: _____ Email:

Address:

Name of alleged target(s):

Name of alleged bully(ies):

Relationship between alleged target(s)/

bully(ies): _____

Time(s) and location(s) of alleged

incident(s): _____

Names of

witness(es): _____

Description of incident(s) (attach additional pages if more space is needed):

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

Signature of
complainant/reporter Date

Received by: _____ Date:

Position/Title: _____
Date: _____

Copy to building principal: Date: _____ Copy to Superintendent:

Date: _____