



## APPENDIX A BULLYING AND INTIMIDATION COMPLAINT FORM

Bullying and intimidation are serious and will not be tolerated. This is a form to report alleged bullying or intimidation that occurred on school property; at a school-sponsored activity/event off school property; on a school bus; or on the way to and/or from school in the current school year, or on a computer/online. If you wish to report an incident of alleged bullying or intimidation, complete this form and return it to the administrator at the student victim's school. You may contact the school for additional information or assistance at any time.

Today's Date:	
I am a:	<input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Teacher/School Staff <input type="checkbox"/> Other (Please describe):
What is your name (optional)?	
What grade are you in?	<input type="checkbox"/> TK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
During this incident I was a	<input type="checkbox"/> Victim <input type="checkbox"/> Witness
Telephone:	
Email:	
What is the name of the student you would like to report?	
What grade is the student in that you are reporting?	<input type="checkbox"/> TK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
If you do not know the name of the student, please describe the person.	
Name of Student Victim (person that experienced bullying):	
Grade of Student Victim:	<input type="checkbox"/> TK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
On what date(s) did the incident happen?:	
Where did this incident take place?	<input type="checkbox"/> In class <input type="checkbox"/> Recess/Playground <input type="checkbox"/> Lunch arbor <input type="checkbox"/> In front of campus <input type="checkbox"/> On the way to/from school <input type="checkbox"/> Online/on the computer <input type="checkbox"/> Other (please describe):
Please describe the incident:	
Were there witnesses to this incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No



What are the names of the witnesses?	
Please rate the severity of this incident from your perspective, 1 being minor incident but unacceptable to 5 being major incident, could result in retaliation or violence.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Please describe the frequency with which this type of incident occurs.	<input type="checkbox"/> This was the first/only time <input type="checkbox"/> On a regular basis <input type="checkbox"/> Other (please describe):
How do you feel about this incident or person? (examples: they are annoying, I hate them, I want to hurt them, they don't make me mad I just want it to stop...etc.)	
Did this or other incidents make you feel like harming yourself or others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to speak with a counselor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What else would you like us to know about this incident? (optional)	

By completing this form you are verifying that your statements are true and exact to the best of your knowledge. If you fear a student is in IMMEDIATE danger, please contact a trusted adult or the San Diego Police Department immediately!

Printed Name:	
Signature:	
Date:	

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**FOR OFFICE USE ONLY**

Date Received:	
Received by:	
Title:	