

To be completed by the complainant.

MADISON PUBLIC SCHOOLS
Madison Connecticut

STUDENT BULLYING TEEN DATING VIOLENCE COMPLAINT REPORT

Student's Name: _____

School: _____ Grade/Teacher: _____

Home Address: _____

Telephone: _____

Date of Complaint: _____

Complaint filed against (name): _____

Description of complaint: *(Please include: location(s) of event(s), timeframes, frequency of offense(s), and specific details as to the actions giving rise to the suspicion of bullying.)*

Witnesses (if applicable):

Name/Position

Address Telephone

Name/Position Address

Address Telephone

Signatures
Complainant: _____ Date: _____
Relationship (if other than student)

School Official: _____ Date: _____
Title

Original forms are available in the Safe School Climate Specialist's / Principal's Office, Health Office, School Psychologist's Office, School Counselor's Office and School and District Websites.