

ADMINISTRATIVE REGULATION

APPROVED:

REVISED:

# CHARLEROI AREA SCHOOL DISTRICT

## 249-AR-1. REPORT FORM FOR COMPLAINTS OF BULLYING/CYBERBULLYING

Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School Building: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Name of person(s) you believe violated the district's bullying/cyberbullying policy:  
\_\_\_\_\_

If the alleged bullying/cyberbullying was directed against another person(s), identify the other person(s):  
\_\_\_\_\_

Describe the incident as clearly as possible, including what electronic, written, verbal or physical actions or series of actions occurred, if any, and what verbal statements (i.e. threats, requests, demands, etc.) have been made. Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where incident(s) occurred: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_

\_\_\_\_\_

How has this incident affected your education or the school environment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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This complaint is based upon my honest belief that \_\_\_\_\_ has  
bullied/cyberbullied me or another person. I certify that the information I have provided in this  
complaint is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date