

MORRISVILLE BOROUGH SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: FEBRUARY 24, 2016

REVISED:

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