



# Laurel Highlands Middle School

## Student Bullying Complaint Form

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Time: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Complaint filed by: \_\_\_\_\_ Verbal \_\_\_\_\_ Written \_\_\_\_\_

**Student(s) Bullying:**

_____	Grade: _____	Class: _____
_____	Grade: _____	Class: _____
_____	Grade: _____	Class: _____

**Student(s) Affected:**

_____	Grade: _____	Class: _____
_____	Grade: _____	Class: _____
_____	Grade: _____	Class: _____

**Type of bullying alleged:**

Verbal(direct) \_\_\_\_\_ Physical (direct) \_\_\_\_\_ Non-Verbal (indirect) \_\_\_\_\_

**Check all spaces below that apply. Student stated or identified inappropriate behavior as:**

- |  |  |
|--|--|
| <input type="checkbox"/> Name calling                        | <input type="checkbox"/> Insulting remarks                 |
| <input type="checkbox"/> Arranging public humiliation        | <input type="checkbox"/> Stealing                          |
| <input type="checkbox"/> Inappropriate gesturing             | <input type="checkbox"/> Damaging property                 |
| <input type="checkbox"/> Leering/aggressive stares           | <input type="checkbox"/> Shoving/pushing/spiting/tripping  |
| <input type="checkbox"/> Writing/graffiti/e-mail/phone calls | <input type="checkbox"/> Hitting/kicking/biting/chocking   |
| <input type="checkbox"/> Threatening                         | <input type="checkbox"/> Flashing a weapon                 |
| <input type="checkbox"/> Taunting/ridiculing                 | <input type="checkbox"/> Rumors/gossip                     |
| <input type="checkbox"/> Isolating/shunning                  | <input type="checkbox"/> Racist/homophobic/religious slurs |
| <input type="checkbox"/> Other                               |  |

**Describe the incident, "when and where did it happen":** (add additional pages if necessary)

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**Witnesses present during the incident:** \_\_\_\_\_

**Physical evidence:** Graffiti \_\_\_\_\_ Notes \_\_\_\_\_ Email \_\_\_\_\_ Websites \_\_\_\_\_  
Video/audio tape \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Parent(s) contacted: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Signature of Committee Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_