INDEPENDENT SCHOOL DISTRICT NO. 283 BULLYING REPORT FORM

General Statement of Policy Prohibiting Bullying

Independent School District No. 283 maintains a firm policy prohibiting bullying, by either an individual student or a group of students, on School District property or at school-related functions, or through the use of technology. This prohibition applies not only to students who directly engage in an act of bullying but also to students who, by their indirect behavior, condone or support another student's act of bullying. This prohibition applies to any student whose conduct at any time or in any place constitutes bullying that interferes with or obstructs the mission or operations of the School District or the safety or welfare of the student, other students, or employees. No teacher, administrator, volunteer, contractor, or other employee of the School District shall permit, condone, or tolerate bullying.

Complainant	
Home Address	
Work Address Work I	
Home Phone Work I	Phone
Date of Alleged Incident(s)	
Name of person you believe engaged	in an act of bullying.
If the alleged bullying was toward and	other person or group, identify that person or group.
verbal statements (i.e., threats, reques	possible, including such things as: what force, if any, was used; any sts, demands, etc.); what, if any, physical contact was involved; etc.
J.	
	ccur?
List any witnesses that were present_	
This complaint is filed based on my hanother person or group. I hereby ce correct, and complete to the best of my	onest belief that has bullied me or to rtify that the information I have provided in this complaint is true, y knowledge and belief.
(Complainant Signature)	(Date)
(Complantant Signature)	(Date)
Received by	
10001104 03	(Date)