

**Senatobia Municipal Schools  
Allegation of Bullying/Harassing Complaint Form**

**School** \_\_\_\_\_

**Victim Name:** \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**Person Responsible for Bullying/Harassing:**

Witness Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Witness Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

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Witness Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Witness Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Facts of the Allegation (Who, What, When, Where, Why)

If additional documentation is available, attach documentation to this form.

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What was the nature of the bullying allegation?

Race  Religion  Sex  Creed  Color

National Origin  Appearance  Behavior  Sexual Orientation

Other Differentiating Characteristic  Non-specific

Received by School Official \_\_\_\_\_  
Date Signature

Received by Administrator \_\_\_\_\_  
Date Signature

Notification of Parents \_\_\_\_\_  
Date Signature

Investigator Assigned \_\_\_\_\_  
Date Print Name of Investigator

Investigation Returned to Principal \_\_\_\_\_ Attach Report  
Date Signature of Investigator

Notification of parents \_\_\_\_\_  
Date Signature of Administrator

**Keep a copy in your school file.**