Fremont City Schools

Bullying & Other Forms of Aggressive Behavior
Complaint Form

Complainant: _____

Home Address: _____ Home Phone: _____

Date of receipt and Administrator investigating: _____

Date(s) of alleged incident(s): _____

Location(s) and time(s) of alleged incident(s): _____

_____

_____

Name of person(s) you believe bullied or was violent toward you or another person:

_____

_____

Witness name(s), if any, to alleged incident(s): _____

_____

(**Attach witness statements if necessary**)

Describe the incident(s), as clearly as possible, including verbal statements and/or if physical contact was involved:

_____

_____

_____

_____

_____

_____

_____

(Attach additional pages if necessary)

I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

_____	_____	_____	_____
Complainant Signature	Date	School Personnel	Date
		_____	_____
		School Personnel	Date

☐ The student requested this complaint to remain anonymous and understands the limitations of such reporting.

COMPLAINANT'S FILE (WHITE) OFFICE FILE (YELLOW) SUPERINTENDENT (PINK) OTHER STUDENT'S FILE (GOLDENROD)

Fremont City Schools

Administrative Response Form

Investigation Findings:

_____

_____

_____

_____

_____

_____

_____

_____

This report meets the bullying criteria ☐ This report does not meet the bullying criteria ☐

Action Taken (warning): _____

_____

Action Taken (include discipline and/or recommendations for intervention):

_____

_____

_____

_____

_____

_____

_____

_____

Complainant Parent Notification: _____
Date / Time

Other Parent Notification: _____
Date / Time

Children Services/Police/Court Official Notification: _____
(**Circle**) Name / Date / Time

_____
Name / Date / Time

Bullying Report sent to Superintendent's Office: _____
Name / Date / Time

COMPLAINANT'S FILE (WHITE) OFFICE FILE (YELLOW) SUPERINTENDENT (PINK) OTHER STUDENT'S FILE (GOLDENROD)