Ledyard Public Schools
Bullying Complainant Reporting Form

Student Name:_____ **Grade:**_____

School:_____ **Teacher**_____

Telephone:_____

Date of Complaint: _____

Complaint filed against (name): _____

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Description of complaint: (Please include location(s) of event(s), time(s), frequency of offense(s), and specific details of the action or actions that constitute bullying.)

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_____

Witnesses (if applicable):

Name:_____ **Telephone:**_____

Address:_____

Name:_____ **Telephone:**_____

Address:_____

Complainant's signature:_____ **Date:**_____

Relationship if other than student_____

School Official:_____ **Date:**_____

Forms can be found in the Health Office, School Psychologist Office, Guidance Counselor's Office, and on School and District Websites.