Ledyard Public Schools Bullying Complainant Reporting Form

Student Name:	Grade:
School:	Teacher
Date of Complaint:	
Complaint filed against (na	ame):
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offense(s), and specific details of	e include location(s) of event(s), time(s), frequency of the action or actions that constitute bullying.)
Witnesses (if applicable):	
Name:	Telephone:
Address:	
Name:	Telephone:
Address:	
Complainant's signature:	Date:
Relationship if other than studen	t
School Official:	Date:

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