

**BULLYING**

**San Diego Unified School District  
BULLYING AND INTIMIDATION COMPLAINT FORM**

Bullying and intimidation are serious and will not be tolerated. This is a form to report alleged bullying or intimidation that occurred on school property; at a school-sponsored activity/event off school property; on a school bus; or on the way to and/or from school in the current school year. If you wish to report an incident of alleged bullying or intimidation, complete this form and return it to the Principal at the student victim's school. You may contact the school for additional information or assistance at any time.

PERSON REPORTING INCIDENT

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place and X in the appropriate box:

( ) Student ( ) Parent/guardian ( ) School Staff ( ) Student/Witness

Name of student victim: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name (s) of alleged offenders: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

On what date(s) did the incident happen? \_\_\_\_\_

Where did the incident(s) happen? (Choose all that apply)

- ( ) On school property ( ) At a school-sponsored activity or event off of school property
- ( ) On the computer ( ) on the way to/from school ( ) at the bus stop ( ) other \_\_\_\_\_

Choose the statement(s) that best describes what happened (choose all that apply)

- ( ) Teasing ( ) Threat ( ) Cyberbullying ( ) Social exclusion ( ) Intimidation
- ( ) Physical Violence ( ) Public humiliation ( ) other \_\_\_\_\_

What did the alleged offender(s) say or do? \_\_\_\_\_

Did a physical injury result from this incident: Place an X next to one of the following:

- ( ) No ( ) Yes, and it required medical attention ( ) Yes, but it did not require medical attention

Were there any witnesses? Yes \_\_\_ No \_\_\_

if yes, state their name(s) and contact information if known: \_\_\_\_\_  
\_\_\_\_\_

By completing this form, you are verifying that your statements are true and exact to the best of your knowledge. If you fear a student is in **IMMEDIATE** danger, please contact a trusted adult, school police or San Diego Police Department immediately!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name  
\*\*\*\*\*

**For Office Use Only**

Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_ Title: \_\_\_\_\_

Exhibit  
version: July 25, 2017  
Effective: October 1, 2017

**SAN DIEGO UNIFIED SCHOOL DISTRICT**  
San Diego, California