

Jackson Public School District Allegation of Bullying Complaint Form

Victim Name: _____	Grade _____	Age _____	Sex: _____
Perpetrator Name: _____	Grade _____	Age _____	Sex: _____
Witness Name: _____	Grade _____	Age _____	Sex _____
Witness Name: _____	Grade _____	Age _____	Sex _____
Witness Name: _____	Grade _____	Age _____	Sex _____
Witness Name: _____	Grade _____	Age _____	Sex _____
Witness Name: _____	Grade _____	Age _____	Sex _____

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

Is this a Title IX issue? (Sexual Harassment) Yes No

What was the nature of the bullying allegation?

- Race Religion Sex Creed Color National Origin
 Appearance Behavior Sexual Orientation Other Differentiating Characteristic

Received by School Official _____	_____
Date	Signature
Received by Principal _____	_____
Date	Signature
Investigator Assigned _____	_____
Date	Signature
Investigation Returned to Principal _____	_____
Date	Signature of Investigator
Allegation substantiated <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notification of Parents: _____	_____
Date	Signature of Principal
Parent Appeal to Superintendent: _____	_____
Date Received	Date Forwarded to Superintendent
Superintendent Notification of Parents: _____	_____
Date Received	Signature
Action upheld: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Appeal to School Board: _____	_____
Date	Signature
School Board Meeting w/Parents: _____	_____
Date	Signature
Action Upheld: <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Board Final Notification: _____	_____
Date	Signature