



GOLETA UNION SCHOOL DISTRICT

Harassment/Bullying Student Complaint Form

Instructions: This form may be submitted by a student being harassed/bullied, or who has witnessed someone else being harassed/bullied. It is to be turned in to the Office, a Yard Duty Supervisor, the Principal, or a Teacher. A school employee who is investigating an incident of harassment/bullying may also complete this form.

Name of person making complaint: _____

School: _____ Date Reported _____

Name of Alleged Offender: _____

Name of Alleged Victim: _____

Date of Incident(s): _____

Location Where Incident(s) Took Place: _____

Time of Day Incident(s) Took Place: _____

Has this been an ongoing offense? (Occurring more than once over a long period of time)

Yes No Explain: _____

Were there any witnesses? Yes No If so, who? _____

Nature of Complaint:

- Name Calling/Teasing Physical (hitting, kicking, pushing, biting, etc.)
- Threats Verbal (spreading rumors, social isolation/leaving out)
- Insults about (circle all that apply) race/color/gender/disability/national origin
- Cyber bullying
- (inappropriate touching, comments, notes, emails, etc.)
- Other Explain _____

Description of Incident: _____

Office Use Follow-Up Section

Incident was Investigated Date: _____ By Whom: _____

Outcome: _____

Check all applicable follow-up actions:

The offender/offenders was/were disciplined (if outcome indicated a need).

Parent was notified (if incident warranted).

The offender was given a copy of the school policy on harassment and was informed that if any repeated incidents of harassment occur (related to this incident or otherwise), it could result in one or more of the following actions: 1) detention; 2) restricted recess; 3) parent contact; 4) mandatory mediation or counseling; 5) suspension; or, 6) expulsion from district.

Person making complaint was notified of resolution.

Student contract initiated.

Other _____

Administrator or Teacher Signature _____

Date _____