



# 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 School Office, Yard Duty Supervisor, Principal, or Teacher. A School Employee who is investigating an incident of harassment/bullying may also complete this form for a student.*

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)

No  Yes. Explain: \_\_\_\_\_

Were there any witnesses?

No  Yes. If so, Whom? \_\_\_\_\_

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 (comments, notes, emails, texts)
- Inappropriate touching
- Other: \_\_\_\_\_

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; and / or, 6) expulsion from district.

Person making complaint was notified of resolution.

Student contract initiated.

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrator Signature

Date