

ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of witness: _____

Position of witness: _____

Date of testimony, interview: _____

Description of incident witnessed: _____

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Assisting Staff Member Signature (if appropriate): _____