

Shakopee Public Schools

Policy 514FRM – Bullying Prohibition Policy Reporting Form

An act of bullying, by either an individual student or a group of students, is expressly prohibited on school district property or at school-related functions. This policy applies not only to students who directly engage in an act of bullying but also to students who, condone or support another student’s act of bullying. This policy also applies to any student whose conduct constitutes bullying that interferes with or obstructs the mission or operations of the school district or the safety or welfare of the student, other students, or employees.

Complainant: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Name of other person(s) involved: \_\_\_\_\_

Describe the incident(s) as clearly as possible: (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Where and when did the incident(s) occur: \_\_\_\_\_

\_\_\_\_\_

List any witnesses that were present: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Complainant Signature)

\_\_\_\_\_  
(Date)

Received by: \_\_\_\_\_

\_\_\_\_\_  
(Date)