



COMPTON UNIFIED SCHOOL DISTRICT
Bullying/Harassment Complaint Form
(Parent/student may report anonymously.)

Date of Report: _____ Date(s)/Location of Incident of Bullying: _____

Name of Person Reporting: _____ Time of Incident: _____

Name of Bullied/Harassed Individual(s): _____ Grade Level/Teacher: _____

Perpetrator Name(s): _____ Grade Level/Teacher: _____

Address: _____

Home Telephone Number: _____ Cell Telephone Number: _____

Identify yourself: Student Parent/Guardian Employee Volunteer Other

Please check the type of bullying/harassment that has occurred (more than one can be checked):

Verbal Abuse
(Name-calling, racial remarks, belittling, taunting, etc.
Can be conducted over the telephone, in writing, in person, by text message, and/or email)

Physical
(Hitting, kicking, shoving, twisting limbs, spitting, or destroying personal belongs)

Extortion
(Verbal or physical bullying for money or personal items)

Hazing
(Having to participate in an act of physical or emotional personal harm to be part of a group, or are a victim of a group)

Indirect Bullying
(rejection, exclusion, ignoring, alienating or isolating to purposely cause emotional distress)

Cyberbullying
(Using technology to harass, threaten, or target another person including but not limited to: text messages, email, Facebook, Twitter, Instagram, other social networking sites, chat rooms, videos, etc.)

Psychological
(Spreading rumors, manipulating social exclusion, extortion, or intimidation)

Bias/Hate-motivated
Basic bias against or hate for a person or group including taunting of one's race, religion, national origin, sexual orientation, or physical or mental disabilities motivated by bias or hostility toward the victim's real or perceived ethnicity, national origin, immigrant status, religious beliefs, gender, sexual orientation, age, disability, political affiliation, race or any other physical or cultural characteristics, etc.)

Person(s) alleged to have committed the bullying or harassment:

Briefly describe why you believe you or someone else is a victim of bullying or harassment. Please indicate specific dates, times, locations, names, etc. Please use the backside of this form if you need additional space to write.

Name of Witnesses/Bystanders: _____

Have you reported this to anyone else: Yes__ No__ If so, who? _____

Signature of Reporting Person: _____ Date: _____

Note: Completion of this form will initiate an investigation of the alleged incident of bullying or harassment outlined in this form. All information will be confidential except for that which must be shared as part of the investigation. Submission of a good faith or complaint or report of bullying or harassment will not affect the complainant or reporter's future employment, grades, learning or work environment or work assignment. By signing above, you are verifying that your statements are true and exact to the best of your knowledge. Reports may be made anonymously, but formal disciplinary action may not be based solely on an anonymous report.



COMPTON UNIFIED SCHOOL DISTRICT

Bullying/Harassment

(Victim Interview Form)

Name: _____ Time of Interview: _____

1. **Victim Statement:** _____

2. **Why was he/she targeted?** _____

3. **Does the victim know the perpetrator(s)?** _____

4. **Do they share any classes – (If so, list the teachers' names and classes)?** _____

5. **Did the teachers notice any negative behaviors leading up to the event – (If they shared classes)?** _____

6. **Have the students had problems before? If so, describe the problem(s):** _____

7. **Description of the problem(s):** _____

8. **Has the victim been targeted by others before? Are they on your potential bullying list?** _____

Interviewed by: _____

Interviewer's Signature: _____

Date: _____



COMPTON UNIFIED SCHOOL DISTRICT
Bullying/Harassment
(Perpetrator Interview Form)

Name: _____ Time of Interview: _____

1. Perpetrator (Bully) Statement: _____

2. Why was the victim targeted? _____

3. Does the perpetrator know the victim(s)? _____

4. Do they share any classes – (If so, list the teachers' names and classes)? _____

5. Did the teachers notice any negative behaviors leading up to the event – (If students shared classes)?

6. Have the students had problems before? If so, describe the problem(s): _____

7. Description of the problem(s): _____

8. Has the perpetrator targeted/victimized other students before? Are they on your potential bullying list?

Interviewed by: _____

Interviewer's Signature: _____

Date: _____