

# MILLER SCHOOL DISTRICT #29-4



623 East 4th Street ♦ PO Box 257 ♦ Miller, SD 57362  
Phone 605-853-2614 ♦ Fax 605-853-3041

## Bullying Complaint Report Form

This report **MUST** be completed to file a complaint relating to an incident of alleged bullying (*for the purpose of this form, bullying encompasses bullying, harassment, and discrimination*) and turned in to the school Principal/ designee of the victim's home school or the appropriate area/district office.

COMPLAINANT NAME (last, first, middle)	SEX	GRADE
VICTIM NAME (last, first, middle)	SEX	GRADE
ACCUSED NAME (last, first, middle)	SEX	GRADE
SCHOOL SITE /DEPARTMENT (or site where incident occurred)	HOME SCHOOL/DEPT. OF VICTIM	
PRINCIPAL/ADMINISTRATOR	INCIDENT DATE / /	

Describe the location where the incident took place:

Describe the incident:

List all witness names and grades:

List evidence of bullying (i.e. letters, photos, etc. – attach evidence if possible):

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

\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person receiving Bullying Complaint Form

\_\_\_\_\_  
Date

**Be sure to attach any supporting documentation/evidence/investigation.**

Action	Agreed to Informal Resolution (Student-Student only)	Formal Resolution	Appeals: Referral to Area Superintendent and/or Appropriate Area/District Administrator
Date			
Outcome			
Signatures			

Thank you. This report will be followed up within 2 school/work days.

If you fear a student is in IMMEDIATE danger, please contact the police immediately!

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