

**QUEST CHARTER ACADEMY  
Bully Complaint Form**

This report MUST be completed to file a complaint relating to an incident of alleged bullying (*for the purposes of this form, bullying encompasses bullying, harassment, and discrimination*) and submitted to the Administrator/designee of the victim's school, area, or district location.

VICTIM FULL NAME: <input type="checkbox"/> Student <input type="checkbox"/> School Employee <input type="checkbox"/> Other	SCHOOL/OFFICE LOCATION	GENDER  M/F	GRADE	AGE
ACCUSED FULL NAME: <input type="checkbox"/> Student <input type="checkbox"/> School Employee <input type="checkbox"/> Other	SCHOOL/OFFICE LOCATION	GENDER  M/F	GRADE	AGE

Has similar behavior of the accused been observed in the past directed at the same person?  
**\*\*If more than one person accused, complete a separate form for each.**

ADMINISTRATOR/DESIGNEE OF VICTIM'S SCHOOL/OFFICE LOCATION: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

Date of most recent bullying behavior	Time of most recent bullying behavior	Location of most recent bullying behavior
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Write a Description of the Bullying Behavior (Include in detail who, what, where, when, how) attaché additional pages if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all witness names, grade level, and school. (Attach list if necessary)

1. \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

2. \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

3. \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

4. Please attach additional witness information.

List evidence of bullying behavior (threat or message – written or electronic): - Attach if possible

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge, all of the information on this form is true and accurate. I am aware that a false reporting is a criminal offense.

Signature of person Filing this complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Check and print name here if someone other than the complainant assisted in completing this form. \_\_\_\_\_

Or

**Check here if you wish to remain anonymous, and omit identifying information about yourself.**

**Please note: the school, administration, District and/or school Board may not take formal disciplinary action based solely on an anonymous complaint. They also may not accept an anonymous complaint against an employee.**

Name/Title of person receiving form: \_\_\_\_\_ Date received: \_\_\_\_\_ Time received: \_\_\_\_\_

Thank you. This report will be investigated within 2 school/work days.  
**If you suspect IMMEDIATE danger exists, please contact law enforcement.**

**FOR ADMINISTRATIVE USE ONLY:**

**Attach any supporting documentation/evidence of the investigation.**

Use a separate form for each accused individual.

Accused information:     1<sup>st</sup> Offense                     repeat bullying offender/accused

Name: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent Information (if student) \_\_\_\_\_ Contact Number \_\_\_\_\_

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

Parent of accuser contacted?    Yes    No   If yes, date \_\_\_\_\_

Parent of victim contacted?    Yes    No   If yes, date \_\_\_\_\_

Investigation Details:

Summary of Investigative Action: \_\_\_\_\_

\_\_\_\_\_

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Bullying Behavior Unfounded

Bullying Behavior Verified

Action Taken: (describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resulted in a school discipline referral     Yes     No            If yes date put into Skyward \_\_\_\_\_

Investigation turned over to School Resource Officers (complete below)

Name of Resource Officer notified: \_\_\_\_\_

Date and time Officer was notified: \_\_\_\_\_

Investigation turned over to Peoria Police Department (complete below)

Name of Officer notified: \_\_\_\_\_

Date and time Officer was notified: \_\_\_\_\_

Administrator/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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