UPLAND UNIFIED SCHOOL DISTRICT
BULLYING/HARASSMENT COMPLAINT FORM

Date Filed: ____________________

Name: ________________________

Address: ______________________

Home Phone #: __________________

Zip Code:______________________

School: ________________________

Please identify yourself as a:  Student___  Parent/Guardian___  Employee___  Volunteer___  Other___

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

☐ Verbal (name-calling, racial remarks, belittling, Can be done over the phone, in writing, in person, text, email)

☐ Extortion (verbal or physical bullying for money or personal items)

☐ Emotional/Psychological Bullying (rejection, exclusion, ignoring, alienating or isolating to purposely cause emotional distress)

☐ Physical (hitting, kicking, shoving, twisting limbs, spitting, or destroying personal belongings)

☐ Hazing (having to participate in an act of physical or emotional harm to be part of a group)

☐ Cyber Bullying (using technology to harass, threaten, or target another person-text, instant message, email, Facebook, videos, Instagram, etc.)

Date(s) of alleged bullying or harassment:________________________________________

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

Name of victims (optional): _______________________________________________________

Description of the incident: Use specific dates, times, locations, names, etc. if possible. Use the backside of this form if necessary.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Name of Witness(es):___________________________________________________________

Have you reported this to anyone else: Yes ___ No ___ If so, who? ______________________

Signature of reporting person (optional): _______________ Date:_______________

Note: Completion of this form will initiate an investigation of the alleged incident of bullying or harassment outlined in this form. Please provide sufficient information to permit a meaningful investigation. 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 working environment or work assignment. By signing above, you are verifying that your statements are true and accurate to the best of your knowledge.

Bullying means any severe or pervasive physical or verbal act of conduct, including communications made in writing or by means of an electronic act directed towards one or more pupils that has or can be reasonably predicted to have the effect of one or more of the following:

A. Placing a reasonable pupil in fear of harm to that pupil’s person or property
B. Causing a reasonable pupil to experience a substantially detrimental effect on their mental health.
C. Causing a reasonable pupil to experience substantial interference with their academic performance.
D. Causing a reasonable pupil to experience substantial interference with their ability to participate in or benefit from the services, activities or privileges provided by a school.

Ed Code 234-234.5