

Sylvan Union School District

Bullying Witness Statement 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*). One form must be completed for each witness. All witness statements that relate to one incident should be attached to the Bullying Complaint Report form.

WITNESS NAME	WITNESS TITLE (EX. Parent, Student, or Teacher)	INTERVIEW DATE
VICTIM NAME	PERSON TRANSCRIBING VICTIM'S COMMENTS	
SCHOOL SITE(where incident occurred)	SCHOOL TELEPHONE	
PRINCIPAL	INCIDENT DATE	AERIES INCIDENT ID#

Describe the location where the incident took place:

Describe the incident witnessed:

List any other witness names and grades:

List evidence of Bullying (i.e. letters, photos, etc. – attached 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 witness

Date

Name of person receiving Bullying Complaint Form

Date

Title/School