



# Camden City Public Schools

201 N. Front Street, Camden, New Jersey 08102

Phone: 856-966-2590 -- Fax: 856-966-2161



## Bullying Complaint Report Form

This report should be completed to file a complaint relating to an incident of alleged bullying (for the purpose of this form, bullying encompasses bullying and discrimination) and turned in to the school Principal/designee of the victim's home school or any other staff member.<sup>1</sup>

COMPLAINANT NAME (last, first, middle) (Optional)	SEX	GRADE
VICTIM'S 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:

Description the incident:

List any and all witness(es) 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 witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person receiving Bullying Complaint Report Form  
Title/School

\_\_\_\_\_  
Date

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

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

**Thank you. This report will be followed up within two (2) school/work days.**

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

7/13/11

Ref: District File Code 5131.9

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<sup>i</sup> While individuals are encouraged to fill out this form as completely as possible, it is also permissible to file a complaint informally, verbally, or anonymously.