Liberty School District
Harassment/Intimidation/Bullying Complaint Form

Name of person filing complaint: __________________________ Grade: _________

Date: __________________

Name of person doing the HIB behavior:

I have informed the harasser directly or by letter to stop the behavior.
___ Yes
___ No

Witness(es) who have seen or heard the HIB behavior take place:

Description of the HIB behavior:

When did it occur?

Where did it occur?

Signature of person filing complaint: __________________________

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Staff completes this section

Person receiving complaint: __________________________

Date Received: __________________________

Action taken: 