

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: _____

Staff completes this section

Person receiving complaint: _____

Date Received: _____

Action taken: