

Hutchinson Central Technical High School

Bullying/Harassment Complaint Form

Reporter/source: _____ Date: _____

Victim(s): _____

Alleged Perpetrator(s): _____

Date of incident: _____ Time of incident: _____

Location of incident: _____

Witnesses: _____

Check all that apply:

_____ Physical contact _____ Verbal threats _____ Intimidation

Description of incident:

For administration use only:

Administrator: _____ Date: _____

Actions taken:

Needed/recommended follow-up:
