



Brownsboro Independent School District
Bullying/Harassment Concern Report

Please return this completed form to your campus principal's office.

Campus: _____ Date of Report: _____

Person Making the Report: _____ Email: _____

Address: _____ Phone: (____) _____

You are: Parent/Guardian School Staff Other: _____
Student (Gr. ____)(ID# _____) Student (Witness) (Gr. ____)(ID# _____)

Alleged Person Being Bullied: _____ Campus: _____ Grade: _____

Alleged Person(s) Bullying: _____ Campus: _____ Grade: _____
 _____ Campus: _____ Grade: _____

Date of incident(s) or time frame: (Date of incident: _____) _____

Time of day incident(s) took place: _____

Location of incident(s): _____

List any witnesses:

Name	Campus	Grade

Summarize the incident(s) or occurrence(s) as accurately as possible. Attach additional sheets or use backside of this form if necessary. Attach any evidence of harassment or bullying (i.e. letters, photos, provide cell phone texts, etc.):

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of Complainant: _____ Date: _____

Oral Report taken by: _____ Date: _____
 School Staff

Note: Completion of this form will initiate an investigation of the alleged incident of bullying. Completion of this form or an impending investigation shall not be construed as confirmation of bullying. Submission of a good faith complaint or report of bullying will not affect the complainant or reporter's future employment, grades, learning or working environment or work assignment. Results of the investigation will determine the disciplinary action taken. A complainant that falsely accuses someone will also be subject to disciplinary action.

