



Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

(Check which applies to you)

- Student
- Parent
- Employee
- Community

Bullying Complaint/Witness Form

Date _____

YOUR NAME (Optional)	Phone Number
VICTIM	
ACCUSED	
SCHOOL/DEPARTMENT	SITE ADMINISTRATOR/SCHOOL PRINCIPAL
INCIDENT DATE	INCIDENT LOCATION

What happened?

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

 Signature (Optional)

 Date

GIVE THIS FORM TO THE ADMINISTRATOR AT YOUR SCHOOL

Thank you for your help. The highest level of confidentiality possible will be upheld regarding the submission of a complaint or a report of bullying and/or harassment, and the investigative procedures that follow. If you wish to be contacted, please include contact information.