



ARCHDIOCESE OF MIAMI  
Bullying Complaint Report Form

Name of the School: \_\_\_\_\_

Name of the Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Name of the Accused: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Specify in detail your complaint below. Please describe the incident, participants, background to the incident. Please include relevant dates, times and places. (Attach a separate sheet if necessary.)

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Indicate if there are other individuals who could provide more information regarding this complaint including witnesses or participants.

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List any attempts you've made to resolve the problem.

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Indicate in your opinion how this problem might be resolved. Please be as specific as possible.

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I certify that the above information is correct and that the events are accurately depicted to the best of my knowledge.

\_\_\_\_\_  
Print Name of Complainant

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date