



**MORONGO**  
**UNIFIED SCHOOL DISTRICT**

5715 Utah Trail, Twentynine Palms, CA 92277  
Phone: (760) 367-9191 Fax: (760) 367-7189

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## Bullying Complaint Form

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your name: \_\_\_\_\_ Date of incident(s): \_\_\_\_\_

Your Contact Phone / Email: \_\_\_\_\_

Relationship to the Alleged Target or Perpetrator: \_\_\_\_\_

Alleged Target(s) of Bullying: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Alleged Perpetrator(s) of Bullying: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Bullying is any severe or pervasive physical or verbal act or conduct, including electronic communications, that has been committed toward student(s) or adults(s) and has or can be reasonably predicted to have one or more of the following:

1. Reasonable fear of harm to person or property
2. Substantially detrimental effect on physical or mental health
3. Substantial interference with ability to participate in or benefit from school services, activities, or privileges

Describe your concerns. Please include who was involved, when and where the incident(s) happened, who witnessed it, how long this has been going on, etc.

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Who else have you talked to or reported your concerns to? When? What happened?

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Is there anything else we should know? Who else should we talk to? Please include relevant person(s) contact information if you have it.

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Please return this completed form to the student's school Administrator or school staff. Attach additional pages if needed.

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### FOR ADMINISTRATOR USE ONLY

Accepted by: Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Referred to: Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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