



Greenville Public School District Bullying/Harassing Behavior Report Form

Policy JDDA

Name of victim: _____ School: _____

Complaint against: _____ School: _____

Name and Relationship of Reporting Person: _____

Phone: _____ E-mail: _____

Nature of Conduct (gestures, written, electronic, verbal, and/or physical): _____

Describe: _____

Place That Incident(s) Occurred: _____

Date/Time of Incident(s): _____

Name of Witness(s): _____

Other Information: _____

Reported By: _____
SIGNATURE DATE

Initial Investigation Findings: _____

Does this complaint require further investigation by GPSD Police? YES NO

Does the initial investigation show a pattern of behavior that constitutes bullying/harassing under Greenville Public School District Policy JDDA? YES NO

Did the reporting person receive any feedback on this matter? YES NO

Investigated by: _____
PRINT NAME SIGNATURE

Signed by Administrator: _____ Date: _____