



LOS ANGELES UNIFIED SCHOOL DISTRICT
BULLYING AND HAZING COMPLAINT FORM

ATTACHMENT A

School _____ Today's date _____

Reporting party's name _____ Date of incident(s) _____

Reporting party's contact phone /e-mail _____

Relationship to the alleged target or perpetrator _____

Alleged target(s) of bullying or hazing _____ DOB _____ Grade _____

Alleged perpetrator(s) of bullying or hazing _____ DOB _____ Grade _____

Bullying is any deliberate and unwanted, severe or pervasive physical, verbal, or electronic act, conduct or communication, committed by a pupil(s) that is repeated, or likely to be repeated, and has, or can be reasonably predicted to have, the effect of 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 academic performance; and (4) Substantial interference with the ability to participate in or benefit from school services, activities, or privileges. **Hazing** is a method of initiation or pre-initiation into a pupil organization or body, which is likely to cause serious bodily injury, personal degradation or disgrace resulting in physical or mental harm to a former, current, or prospective pupil. Hazing does not include athletic events or school-sanctioned events.

1. 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.

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

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

*Return this completed form to the school Bully Complaint Manager, administrator or school staff.
Attach additional pages if needed.*

Office Use	iSTAR # _____	MiSiS _____
Received on _____	Received by _____	Referred to _____