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Assistant Superintendent for Curriculum & Instruction

JOHNSTON PUBLIC SCHOOLS
ADMINISTRATION OFFICE
10 MEMORIAL AVENUE
JOHNSTON, RHODE ISLAND 02919-3222

BULLYING, CYBERBULLYING, TEEN DATING VIOLENCE & SEXUAL VIOLENCE
COMPLAINT FORM

Name: _____ Date: _____

Date(s) of Alleged Incident(s): _____

Persons/Parties Involved: _____

_____ Position/Grade: _____

_____ Position/Grade: _____

_____ Position/Grade: _____

_____ Position/Grade: _____

Description of Event(s): _____

When and where did it happen? _____

Were there any additional witnesses? Yes No

If yes, who? _____

Is this the first incident? Yes No I don't know

If no, how many times has it happened before? _____

Other information, including previous incidents or threats: _____

I certify that all the statements made in this complaint are true and complete. Any intentional misstatement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provided only as necessary in pursuing the investigation.

Student: _____ Date: _____

School Official receiving complaint: _____ Date: _____

School Official conducting follow-up: _____ Date: _____