

**ANTI-BULLYING POLICY**  
**SECOND INCIDENT COMPLAINT FORM**  
**(Students, Staff or Parents to Complete with Safe Schools' Reporting Officer)**

1. INCIDENT DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Approximate date, time and place of 2<sup>nd</sup> incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Witness: \_\_\_\_\_  
- - - - -

1. SUBSEQUENT INCIDENT DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Approximate date, time, and place of subsequent incidents: \_\_\_\_\_  
\_\_\_\_\_

3. Witness: \_\_\_\_\_

4. Parent/Guardian Contact Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_