

**NORTON PUBLIC SCHOOLS
ANTI-BULLYING POLICY**

FIRST INCIDENT COMPLAINT FORM
(Students, Staff or Parents to Complete with Safe Schools' Reporting Officer)

Name: _____ Submission Date _____

Department/School: _____

Job Title: _____ Student/Grade: _____

Principal or Superintendent: _____

1. Who was responsible for the bullying? _____

2. Describe the incident: _____

3. Witness: _____

4. Approximate date, time and place of incident: _____

5. Parent/Guardian Contact Dates: _____

SUBMIT TO SUPERINTENDENT