DISTRICT COMPLAINT FORM

ALLEGED INCIDENTS OF HARASSMENT, INTIMIDATION, AND BULLYING
(Form is completed by the victim, witness, student or staff reporting a complaint)

Date of complaint: ____________________

Name of complainant: (OPTIONAL) _______________________________

Complainant is (check): Parent___ Teacher___ Student___ Administrator___ Other___

The complainant is (check one): the victim___ not the victim___

* If not the victim, name of victim (s):__________________________________________

_____________________________________________________________________________

Name(s) of alleged harasser: ____________________________________________________

Witness’ Name(s) (Optional): ___________________________________________________

Date(s) and place(s) of incident or incidents: _______________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Detailed description of the incident or incidents: ___________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Evidence of harassment, e.g. letters, photos, etc. (attach evidence if possible): ___________

_____________________________________________________________________________

_____________________________________________________________________________

Any other information: ___________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

I agree that all of the information on this form is accurate and true to the best of knowledge.

Name:        _____________________________

Signature: _____________________________   Date: ________________________