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## **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:** \_\_\_\_\_