

**STUDENT VIOLENCE/HARASSMENT/
INTIMIDATION/BULLYING**

COMPLAINT FORM

(To be filed with any School District employee who will forward this document to the principal or principals designee)

Please Print:

Name: _____ Date: _____

Address: _____

Telephone #1: _____ Another phone where you can be reached _____

During the hours of: _____

E-mail address: _____

I wish to complain against:

Name of person(s) _____

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. *Be sure to note relevant dates, times, and places.* Additional pages may be attached if necessary.

| | |
|---------|---------|
| EXHIBIT | EXHIBIT |
|---------|---------|

If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

| Name | Address | Telephone Number |
|------|---------|------------------|
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| | | |

The projected solution:

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

I certify that this information is correct to the best of my knowledge.

Signature of Complainant: _____ Date: _____

Document Received by: _____ Date: _____

Investigating Official: _____ Date: _____