



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 is accurate and true to the best of knowledge.

Name: _____

Signature: _____ Date: _____