

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

COMPLAINT FORM

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

School: _____

Date: _____

Alleged Offender: _____

Name: _____

Teacher/Phone: _____

You are: Victim

Witness

Offender

Adult Reporter

STATEMENT: Please write the information you would like to share below. Please be sure to include all relevant dates, times, places, and people involved. Additional pages may be attached if necessary.

If there is anyone who can provide more information regarding this complaint, please list contact information.

Name: _____ Grade: __ Teacher: _____ Name: _____ Grade: __ Teacher: _____

Name: _____ Grade: __ Teacher: _____ Name: _____ Grade: __ Teacher: _____

Name: _____ Grade: __ Teacher: _____ Name: _____ Grade: __ Teacher: _____

Projected Solution: Please indicate what you think can and should be done to solve the problem. Please be as specific as possible.

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

Signature _____

Date _____

Document Received by _____

Date _____

Investigating Official _____

Date _____

Initial indicates that student has received copy of Students Rights Document

EXHIBIT

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For School Official Use Only

What happened? _____

Has this person done this to you/them before? _____

How long has this been going on? _____

How do you/they respond or react in the situation? _____

How do you/they feel about this situation or interaction with this student? _____

Is there anyone that you have told? If so, who? _____

What best describes what happened:

Harassment

Intimidation

Teasing, name calling, critical remarks, or threatening verbally

Getting another person to hit or harm the student

Physical Aggression