

## STUDENT BULLYING / HARASSMENT /INTIMIDATION

## **COMPLAINT FORM**

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

Please print:	
Name	Date
Address	Mailing Address if different
Telephone	Another phone where you can be reached
During the hours of	
E-mail address	
I wish to complain against	t:
Name of person(s)	
background to the incident,	tating the problem as you see it. Describe the incident, the participants, the and any attempts you have made to solve the problem. Be sure to include all laces. Additional pages may be attached if necessary.

If there is anyone who co address(es), and telepho		garding this complaint, please list name(s)	,
Name	Address	Telephone Number	
The projected solution:			
Indicate what you think ca	an and should be done to solve	the problem. Be as specific as possible.	
I certify this information is	s correct to the best of my knowle	edge.	
Signature of Complainan	t	Date	
Document received by	rint/Signature	Date	
Pi	rint/Signature		
Investigating official P	rint/Signature	Date	