

**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

For School Of ~~0~~-Ts C/III