STUDENT VIOLENCE / HARASSMENT/ INTIMIDATION / BULLYING

COMPLANT 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:	
	Another phone where you can be reached:
During the hours of:	
Email:	
I wish to complain again	st:
Name of person(s):	
the background to the inci include all relevant dates,	dent and any attempts you have made to solve the problem. <i>Be sure to times and places</i> . Additional pages may be attached if necessary.

If there is anyone who could provide more information regarding this complaint, please list their name(s), address(es) and phone number(s)			
Name	Address	Phone	
The proj	ected solution:		
Indicate	what you think ca	an, and should, be done to so	lve the problem. Be as specific as possible.
employed and the in	erelated to report	ing of a case of bullying, or s be subject to disciplines set o	nember directed toward a student or suspected bullying, shall not be tolerated, but in applicable District policies and
	e aware that knov g term suspensio		s shall subject students to disciplinary action
I certify	this information i	s correct to the best of my kr	nowledge.
Signature	e of Complaintan	t:	Date:
Documen	nt received by: _		Date:
Investiga	ting Official:		Date: