

STUDENT HARASSMENT COMPLAINT FORM

This form should be submitted to the Site Administrator or the Director of Student Services at District Office.

Name_____ Date_____

Address_____

Telephone _____ (Alt. Phone) _____

Status of person filing complaint: _____ Student _____ Parent of Guardian
_____ Other:_____

Statement of Complaint

Date of alleged incident(s):_____

Name of person you believe harassed you:_____

Names of those who witnessed the incident(s):_____

Description of the incident(s):

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Description, continued

If information is attached, please indicate number of pages and initial here _____ # of pages _____

This complaint is filed based on my honest belief that _____ has harassed me. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Signature of Complainant: _____

Date complaint filed: _____

Person receiving complaint (printed): _____

Signature of person receiving complaint: _____

Title: _____ Date received: _____