

COMPLAINT FORM

School _____ Date _____

Student's/Complainant's Name _____

(If you feel uncomfortable leaving your name, you may submit a report using your unique student identification number. We assure you that we'll use our best efforts to keep your report confidential. If absolute anonymity is necessary, an anonymous report makes an investigation exceptionally difficult and the time requirements described in 3295P may not be able to be met.)

Who was responsible for the incident(s)? _____

Describe the incident(s):

Date(s), time(s), and place(s) the incident(s) occurred:

Were other individuals involved in the incident(s)? yes no

If so, name the individual(s) and explain their roles: _____

Did anyone witness the incident(s)? yes no

If so, name the witnesses:

Is there any evidence of the incident(s) (i.e. letters, photos)? yes no

If so, please describe:

Did you take any action in response to the incident? yes no

If yes, what action did you take: _____

Were there any prior incidents? yes no

If so, describe any prior incidents: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of complainant: _____

Signature of parents/legal guardians: