

COMPLAINT
INITIAL

A) PERSON MAKING COMPLAINT/ALLEGATION

Name _____ Parent___ Employee___ Student___ Volunteer___
Date_____ Worksite/School_____ Title/Position/Grade_____
Title/Grade and Class Period_____ Date incident took place_____
Complaint made by: phone_____ email_____ in person_____ other_____
Complaint received by: _____
Parent contacted: ___yes ___no Date_____ Time_____ Method_____

B) PERSON ACCUSED

Name _____ Parent___ Employee___ Student___
Worksite/School _____
Title/Grade and Class Period_____

C) DESCRIPTION OF INCIDENT (attach additional information if needed)

What happened, **Who** was involved and **Who** witnessed it, **Where** did it take place, **Why** did it take place

D) HOW DID THIS MAKE YOU FEEL? _____

E) WHAT WOULD YOU LIKE THE OUTCOME TO BE? _____

E. SIGNATURE OF PERSON MAKING COMPLAINT INDICATING THAT ALL OF THE INFORMATION INCLUDED IN THIS STATEMENT IS TRUE AND ACCURATE TO THE BEST OF HER/HIS ABILITY

Signature_____ Date_____

Use the back of this form if needed and staple any additional pages.

