COMPLAINT / REPORT OF POTENTIAL MISCONDUCT

Today’s date: ____________________________________________

Date(s) of the incident(s): ____________________________________________

School name: ____________________________________________

Name of student Target(s): ____________________________________________

Name of alleged Aggressor(s): ____________________________________________

Name of Victim’s Principal: ____________________________________________

Name of person completing this form: ____________________________________________

(Students only: write “anonymous” if you don’t want to share your name)

☐ Check here if you are a staff member using this form to report an incident.

Your email address: ____________________________________________

Your phone number: ____________________________________________

How did you learn about this incident? (check all that apply)
☐ I witnessed the incident(s)
☐ I was informed by the Target
☐ I was informed by another person

You may attach additional sheets if necessary.

1. Describe the location where the incidents took place. Please be as specific as possible. For example, “between period 2 and 3, just outside the door of room 129.”
2. Describe, in as much detail as possible, what happened:

3. List all witness names and grades:

4. List evidence supporting your statement, if any (i.e., electronic communications, photos, etc. – attach evidence if possible):

5. What remedy are you requesting?
Did the incident occur on or off school property:  ☐ On  ☐ Off

Was the incident based on sex?  ☐ Yes  ☐ No

Was the incident based on sexual orientation, gender identity and expression, or transgender status?  ☐ Yes  ☐ No

Was the incident based on race, color, religion, or national origin?  ☐ Yes  ☐ No

Was the incident based on disability?  ☐ Yes  ☐ No

Additional narrative sheets attached:  ☐ Yes  ☐ No

Supporting documentation / evidence attached:  ☐ Yes  ☐ No

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

In connection with the investigation process, I consent to the release of my child’s personally identifiable information and education records as may be necessary to investigate this complaint. I understand this consent may be revoked by me at any time in writing.

______________________________________________  __________________________
Signature of complaining party (unless reporting anonymously)  Date

OR

______________________________________________  __________________________
Signature of member of staff reporting an incident  Date

For internal use only

______________________________________________  __________________________
Date Received:

Signature of Building Administrator  Date