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Tanpri, fê-n konnen si-w bezwen dokiman sa-a an Kreyòl**

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 educational 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