

WALTON COUNTY SCHOOL DISTRICT FORMS

REPORTS OR COMPLAINTS OF BULLYING,
SEXUAL HARASSMENT, TEEN DATING VIOLENCE, OR
HARASSMENT BECAUSE OF RACE, NATIONAL ORIGIN, AND DISABILITY

Complainant _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

Date(s) of alleged incident(s) _____

Did the incidents involve bullying _____ sexual harassment _____ racial harassment _____

harassment because of national origin _____ harassment because of disability _____

Teen dating violence _____ (check all that apply)

Name of person(s) you believe harassed or bullied you or another person: _____

If the alleged harassment/bullying was toward another person, identify that other person _____

Describe the relationship between the parties involved _____

Characteristics/Ages of parties involved _____

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements, number of incidents, how often has this occurred, (i.e., threats, requests, demands, etc.), what, if any physical contact was involved. Attach additional pages as necessary.

When and where did the incident occur? _____

List any witnesses who were present: _____

The complaint is based upon my honest belief that _____ has harassed/bullied me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

(complainant's signature) (date)

(received by) (date)

Do you wish to remain anonymous in making this report?
Yes _____ No _____

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