

## COMPLAINT FORM

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### COMPLAINANT INFORMATION

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

 STUDENT       EMPLOYEE       OTHER \_\_\_\_\_

SCHOOL/WORKPLACE \_\_\_\_\_ TITLE/GRADE \_\_\_\_\_

### INCIDENT INFORMATION

PERSON(S) INVOLVED \_\_\_\_\_

NATURE OF INCIDENT \_\_\_\_\_

DATE AND TIME OF INCIDENT \_\_\_\_\_

LOCATION OF INCIDENT \_\_\_\_\_

### WITNESS INFORMATION

LIST ANY WITNESS(ES) WHO MAY HAVE SEEN OR WHO KNOW SOMETHING ABOUT THE ALLEGED INCIDENT:

ARE YOU AWARE OF OTHERS WHO MAY BE AFFECTED BY THE INDIVIDUAL(S) AGAINST WHOM THIS COMPLAINT IS MADE?       YES       NO

IF YES, WHO? \_\_\_\_\_

**DESCRIPTION OF INCIDENT**

DESCRIBE THE SPECIFIC BEHAVIOR, COMMENT OR CONDUCT THAT IS BRINGING ABOUT THIS COMPLAINT. INCLUDE AS MUCH DETAIL AS POSSIBLE. (ATTACH ADDITIONAL PAGES IF NECESSARY)

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**ACTION DESIRED BY COMPLAINANT OR PARENT/GUARDIAN**

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**CERTIFICATION**

I HEREBY CERTIFY THAT THE INFORMATION IN THIS COMPLAINT IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
COMPLAINANT'S/PARENT'S/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RECEIVED BY

\_\_\_\_\_  
DATE