

EXHIBIT A TO DALEVILLE BOE

POLICY 5.28

STUDENT HARASSMENT COMPLAINT FORM

****NOTE: IF YOU ARE REPORTING A SUICIDE THREAT, PLEASE FILL OUT THE INFORMATION REQUESTED AT THE BOTTOM OF THIS FORM**

Name of Student Registering Complaint

Last First MI

School: _____

Homeroom Teacher: _____

If this complaint is against a particular individual or individuals, please name:

When did the Harassment Begin?

List the specific incidents of Harassment

Complained of and the dates each incident

Occurred

Description of Harassment:(Attach additional information if necessary) _____

Requested

Remedy/Solution:

SUICIDE THREAT: IF YOU OR SOMEONE ELSE HAVE THREATENED SUICIDE, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE AND IMMEDIATELY NOTIFY YOUR SCHOOL PRINCIPAL

Who Threatened Suicide? _____ When? _____ Where was threat made?
_____ Where is this person now? _____ Does this person have a weapon on
campus? _____ Other details of
threat? _____

I, _____, hereby swear and affirm under oath and subject to penalty of perjury
that the above statements are true, correct and complete as of this the ____ day of _____,
2____.

(Signature of Student or Legal Guardian)

Received by _____ on this ____ day of _____,
2____.

(Administrator or Counselor)