

# Wilson School District #7 Complaint Form



Complainant Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Grade/Position: \_\_\_\_\_ School/Site: \_\_\_\_\_

**Type of Complaint (Check all that apply):**

- Sexual Harassment (WSD #7 Policy ACA/R/E, ACAA/R)
- Sexual Assault (WSD #7 Policy ACA/ACAA)
- Gender-Based Harassment (WSD #7 Policy AC/GBA)
- Dating Violence (WSD #7 Policy ACAA, JICL)
- Stalking (WSD #7 Policy ACAA, JICK/EB, JICL)
- Retaliation (WSD #7 Policy ACAA, GCCA, GCCD/E, JJIB/R)
- Bullying/Cyber-Bullying (WSD #7 Policy JICK/R/EA/EB)
- Discrimination (WSD #7 Policy AC-R, ACA/R, ACAA, GBA/R)
- Harassment (WSD #7 Policy ACA/R/E, ACAA/R, JICK/R/EA/EB)
- Other (WSD #7 Policy JICK/R/EA/EB, JICL, JII/R/EB (Students); WSD #7 Policy ACA/R, ACAA/R, GBEB, JICL (Employees))

Date(s) Incident Occurred: \_\_\_\_\_

Continuing Action      Yes      No  
(Circle One):

**Alleged Perpetrator/Respondent** Please list the individual(s) alleged to have engaged in or committed the prohibited conduct:

Name: \_\_\_\_\_

Grade/Position: \_\_\_\_\_

**Informal Resolution** If available, are you interested in the school's informal resolution process?  
(Circle One):      Yes      No



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Were there any witnesses to this matter? (Please Circle):      *Yes*      *No*

If yes, please identify witnesses to the incident(s) or those who have knowledge of the incident(s).  
Please attach additional names, if needed.

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade/Position: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade/Position: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade/Position: \_\_\_\_\_

*I certify that the aforementioned is true and correct:*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Receiving Employee's Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_