



HOOVER
CITY SCHOOLS

**Form for Reporting a Complaint of Bullying, Intimidation,
Violence, and Threats of Violence**

This form may be used by a student or a student's parent or guardian to submit a complaint regarding Bullying, Intimidation, Violence, and Threats of Violence as defined by state law and school system policy (Board Policy 6.22 [Jamari Terrell Williams Student Bullying Act Policy]).

This form should be delivered to the principal or the principal's designee either by mail or personal delivery.

Student's Name: _____ School: _____

Home Phone: _____ Email address: _____

Home Address: _____

Preferred method of contact (provide address, e-mail, or phone number):

Describe the conduct/circumstances leading to the complaint, including all pertinent facts supporting the complaint.

(Attach additional paper, if needed.)

When did this happen (over what time period if continuing or more than once):

(Attach additional paper, if needed.)

Where did this happen:

(Attach additional paper, if needed.)

Identify the person(s) whose actions led to the filing of the complaint.

(Attach additional paper, if needed.)

Identify all witnesses or other persons having information that is relevant to the complaint.

Do you have suggestions for resolving this situation? If so, list them here:

(Attach additional paper, if needed.)

OTHER INFORMATION:

- I believe the incident in question was motivated by the following characteristic(s) (Check All That Apply):

___ Disability

___ Gender Identity

___ National Origin

___ Race

___ Religion

___ Sex

___ Socioeconomics

___ Other _____

- The incident resulted in a threat of suicide by the victim: ___ Yes ___ No

Attach copies of documents or other evidence that is relevant to the complaint.

I affirm that to the best of my knowledge, the foregoing information is true, accurate, and complete.

Student:

Signature

Date: _____

OR

Parent/Guardian:

Signature

Date: _____