

Yuma Union High School District  
3150 South Avenue A  
Yuma, Arizona 85364  
Ph: 928.502.4605  
Fax: 888.855.8114



**STUDENT BULLYING / HARASSMENT /  
INTIMIDATION**

**COMPLAINT FORM**

**(To be filed with any School District employee who will forward  
this document  
to the principal or the principal's designee)**

**Please print:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Another phone where you can be reached \_\_\_\_\_

During the hours of \_\_\_\_\_

E-mail address \_\_\_\_\_

**I wish to complain against:**

Name of person(s) \_\_\_\_\_

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to include all relevant dates, times, and places. Additional pages may be attached if necessary.

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If there is anyone who could provide more information regarding this complaint, please list name(s), address(es), and telephone number(s).

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**The projected solution:**

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

I certify this information is correct to the best of my knowledge.

Signature of Complainant \_\_\_\_\_ Date \_\_\_\_\_

Document received by \_\_\_\_\_ Date \_\_\_\_\_

Investigating official \_\_\_\_\_ Date \_\_\_\_\_