



St. Mary Parish Schools

Complaint No. _____

VERIFICATION OF VERBAL COMPLAINT

Name of Alleged Victim _____ Location _____

Verbal Complaint Made by (check one) _____ Complaining Student/Employee (*circle one*)
_____ Parent/Guardian/name: _____

Reason Written Complaint Could Not Be Obtained: _____

Name(s) of Other Alleged Victim(s), if any: _____

Name(s) of Alleged Perpetrator(s): _____

Name(s) of Alleged Witness(es): _____

Date of Alleged Race Discrimination/Retaliation _____
(If complaint not made by alleged victim, state date of discovery by reporting party.)

Content of Verbal Complaint (Must contain detailed account of verbal complaint as given by reporting party, including description of alleged discrimination/retaliation with specific act(s), circumstances, date/time, other details supporting complaint. Separate statement may be attached.)

Additional Information (Should include all other information obtained verbally from reporting party which may assist in investigation of complaint, such as how and when reporting party learned of facts, names of other persons who may have related information, etc. Separate statement may be attached.)

I hereby verify that I obtained the above information verbally from the reporting party and that a written complaint could not be obtained for the reason stated herein.

Signature of Administrator _____ Date/Time Submitted _____

Signature of Supt/Designee _____ Date/Time Received _____

NEXT STEP: STEP 2 – INVESTIGATION

Signature of Investigator _____ Date/Time Received _____