Washington County School System

STUDENT HARASSMENT COMPLAINT FORM

A system wide *procedure* to file complaints alleging violations of harassment. Students who file a complaint are required to cooperate with the investigation/review, including but not limited to, attending meetings, being forthright and honest during the process and keeping confidential the existence and details of the investigation/review.

Instructions: Please fill in all of the information requested below as completely as possible.

CIRCLE THE SCHOOL YOU ARE NOW ATTENDING:

HIGH SCHOOL:
Fruitdale High – Leroy High – McIntosh High – Millry High – Wash. Co. High – Wash. Co. Career Technical Center
ELEMENTRY:
Chatom Elementary or McIntosh Elementary

NAME OF STUDENT FILING HARASSMENT COMPLAINT:

NAME OF THE STUDENT OR STUDENTS ACCUSSED OF HARASSMENT:

DATE HARASSMENT FIRST OCCURRED:

LOCATION HARASSMENT FIRST OCCURRED:

DID ANY PHYSICAL CONTACT TAKE PLACE? YES OR NO
IF SO, PLEASE DESCRIBE:

IF PHYSICAL HARASSMENT DID NOT OCCUR, PLEASE DESCRIBE THE METHOD OF HARASSMENT.
EXAMPLE: CELL PHONES, TEXTING, VERBAL OR STALKING

IDENTIFY ANY INDIVIDUALS WHO MAY HAVE OBSERVED OR WITNESSED THE INCIDENT(S) THAT YOU DESCRIBED:

HAS THERE BEEN AN EMOTIONAL OR PHYSICAL RELATIONSHIP BETWEEN THE PARTIES INVOLVED:
EXAMPLE: BOYFRIEND/GIRLFRIEND

YES OR NO

IS THE INDIVIDUAL RELATED? YES OR NO IF SO, HOW?

HAVE YOU DISCUSED THE MATTER WITH YOUR PARENTS OR TEACHERS? YES OR NO
IF SO WHO, PLEASE LIST

BECAUSE OF THIS HARASSMENT OR ANY OTHERS HAVE YOU HAD OR ARE YOU HAVING SUICIDAL THOUGHTS OR ACTS OF VIOLENCE AGAINST YOURSELF? YES OR NO

PLEASE EXPLAIN:

You may elect to have an advisor present at meetings/interview(s). If you indicate you will have an advisor, you are authorizing that individual to accompany you to any meetings and/or interview(s) regarding this complaint. The role of the advisor is limited to observing and consulting with you.

If you will be accompanied by an advisor, provide the name, address, and telephone number of your advisor:

Name: _____

Address: _____

Telephone: _____

AUTHORIZATION

I certify that the information given in this complaint is true and correct and to the best of my knowledge or belief.

Print Name of Student/Applicant _____

Signature of Student/Applicant _____

Parent/Guardian/Witness _____

Date _____

The Washington County Board of Education is an equal opportunity employer. It is the policy of the Washington County Board of Education that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.