PARENT COMPLAINT FORM

Bullying/Harassment/Aggressive Behavior

Please print clearly.

Complaint Date: _____

Name of Parent: _____ Address: _____

Name of Alleged Victim: _____ School: _____

Address of Alleged Victim if different from Parent: _____

Name of Alleged Aggressor(s): _____ Date(s) of Incident(s): _____

Where EXACTLY did the incident(s) occur? _____

What occurred? *Describe in as much detail as possible what happened, when the incident(s) occurred and what, if any, response the alleged victim provided. Use an additional sheet if needed.*

_____

_____

_____

_____

_____

Who else was involved in the incident(s)? _____

Was the incident(s) reported to any adult at the time of the incident? Identify to whom the incident was reported and what was reported. _____

_____

_____

Name(s) of possible witness: _____

_____

If available, list and attach evidence (photos, written notes, etc.): _____

_____

BY SIGNING BELOW, I CERTIFY THAT THE STATEMENTS AND INFORMATION PROVIDED ABOVE ARE TRUE TO BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THIS COMPLAINT MUST BE DELIVERED TO THE SCHOOL PRINCIPAL OR COMPLIANCE OFFICER WHO WILL INITIATE AN INVESTIGATION. I ALSO UNDERSTAND THAT KNOWINGLY OR DELIBERATELY FILING A FALSE COMPLAINT IS PROHIBITED.

Does the Parent wish to remain anonymous? ☐ YES ☐ NO

Does the Alleged Victim wish to remain anonymous? ☐ YES ☐ NO

_____ _____

Signature of Parent or Guardian Date