

**© 5-409 PROHIBITION ON HARASSMENT, INTIMIDATION, AND BULLYING –
HARASSMENT, INTIMIDATION, BULLYING COMPLAINT FORM**

Submit Completed Complaint form to School Official

Complainant_____

Complainant's Address_____

Complainant's Email Address_____

Complainant's Telephone_____

Date Complaint is Submitted_____

Date of Incident_____

Has the problem been discussed with administration? Yes ☐ No ☐ Date_____

Summary of the Complaint (description of incident or event, including date, place, time)

Witnesses

Complainant's Projected Solution/Resolution

I certify this complaint is correct and accurate to the best of my knowledge.

Signature of Complainant_____

Date_____