



Student Violence, Bullying, Intimidation, Harassment

COMPLAINT FORM

(To be filed with any School District employee who will forward this document to the principal or principal’s designee, the site director and Charlotte Brown-Dept. of Student Equity)

Please Print

Name _____ Date _____

Address _____

Telephone _____ During the hours of _____

Another phone where you can be reached _____

Email 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.



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 specific as possible.

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

Signature of Complainant _____ Date _____

Document Received by _____ Date _____

Investigation Official _____ Date _____



PRINCIPAL'S REPORT
(to be sent to the site director and Charlotte Brown-Dept. of Student Equity)

Findings:

Determination:

Corrective Action:
