

**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, and the Student Relations Department)

**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 as 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 submitted to the site Director and the Student Relations Department)

Findings:

Determination:

Corrective Action:

JICK-E1-Bullying Complaint Form Exhibit (03-18-2024 update dept only)