STUDENTS 3295F

COMPLAINT FORM

School _____ Date _____

Student's/Complainant's Name_____

(If you feel uncomfortable leaving your name, you may submit an anonymous report, but please understand that an anonymous report will be much more difficult to investigate. We assure you that we'll use our best efforts to keep your report confidential.)

Who was responsible for the incident(s)? _____

_____

Describe the incident(s): _____

_____

_____

Date(s), time(s), and place(s) the incident(s) occurred: _____

_____

_____

Were other individuals involved in the incident(s)? yes no

If so, name the individual(s) and explain their roles: _____

_____

_____

_____

Did anyone witness the incident(s)? yes no

If so, name the witnesses: _____

_____

3295F-2 (ISBA 05/09 UPDATE)

Is there any evidence of the incident(s) (i.e. letters, photos) yes no

If so, please describe: _____

_____

Did you take any action in response to the incident? yes no

If yes, what action did you take: _____

_____

_____

_____

Were there any prior incidents? yes no

If so, describe any prior incidents: _____

_____

_____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

105 E 2nd S
Preston, ID 83263
(208) 852-0283
www.psd201.org