

_____ School District

THE BOARD OF TRUSTEES

1700F

UNIFORM COMPLAINT FORM

Name _____ Date _____

➤ Who was responsible for the harassment or incident(s)? _____

➤ Describe the incident(s) and the rights or policies violated..

➤ 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 role(s). _____

➤ Did anyone witness the incident(s)? ? yes ? no
If so, name the witness(es). _____

➤ 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. _____

➤ Relief sought _____

Signature of Complainant _____

Signature(s) of parents/legal guardians _____

Policy History:

Adoption on:

Revised on:

Reviewed: