EXHIBIT

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STUDENT VIOLENCE / HARASSMENT / INTIMIDATION / BULLYING

COMPLAINT FORM

(To be filed with any School District employee who will forward this document to the principal or the principal's designee)

Please print:	
Name	Date
Address	
Telephone	Another phone where you can be reached
During the hours of	
E-mail address	
I wish to complain	against:
Name of person(s)	
incident, the particip you have made to so	nt by stating the problem as you see it. Describe the ants, the background to the incident, and any attempts live the problem. Be sure to include all relevant dates, ditional pages may be attached if necessary.

EXHIBIT			EXHIBIT
If there is anyone who complaint, please list nar	•		•
Name	Address	Telep	hone Number
The projected solution	1:		
Indicate what you think specific as possible.	can and should be do	one to solve the	problem. Be as
Please be advised that repstudent or employee relashall not be tolerated, and	ited to the reporting of	of bullying or su	uspected bullying
Please be aware that ke student to discipline up to		•	•
For Staff Use Only: Provstudent rights, protections the report.			
I certify that this information	on is correct to the bes	t of my knowled	ge.
Signature of Complainant_		Date	
Document received by		Date	
Investigating official		Date	