EXHIBIT

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) _____

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.

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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

_____

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_____

The projected solution:

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

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

Signature of Complainant _____ Date _____

Document received by _____ Date _____

Investigating official _____ Date _____