

COMPLAINT FORM

Prohibition of Harassment, Intimidation & Bullying

Please Print (Complainant):

Name _____ Date _____

Address _____

Telephone _____ or number where you may be contacted _____

During the hours of _____

I wish to register a complaint against:

Name of person (staff, school, student, age, sex, and grade)

Specify your complaint by stating the problem as you see it. Describe the incident, participants, background to the incident, and any attempts you have made to resolve the problem. Please note relevant dates, times, places, and locations.

Indicate if there are other people who could provide more information regarding your complaint:

Name	Address	Telephone Number
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Proposed Solution:

Indicate your opinion on how this problem might be resolved. Be specific as possible.

I certify that there is no falsification of the above information and events are accurately depicted to the best of my knowledge.

Signature of Complainant

Date

Please return the original completed form to the principal and/or The School Anti Bullying Specialist. A copy will be provided to the complainant.