



# Demopolis City Schools **BAN** Program

## Pre K-3<sup>RD</sup> Grade Complaint Form



Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

How do you feel?



Where were you hurt?

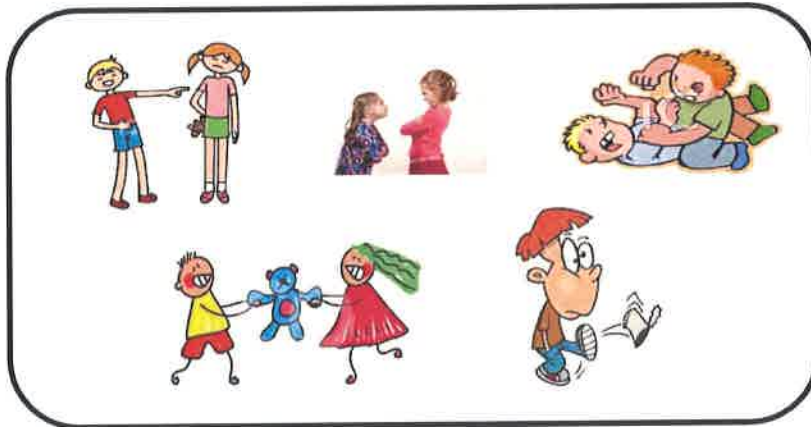


Who knows?



Who made you feel hurt? \_\_\_\_\_

What Happened?



- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Excluding or rejecting the student
- Making rude and/or threatening gestures
- Spreading harmful rumors or gossip
- Other \_\_\_\_\_

To make things better I can \_\_\_\_\_

**OFFICE USE ONLY:**  
**DO NOT WRITE BELOW THIS LINE**

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

Disposition \_\_\_\_\_

Parent Offender Called (if applicable) (Date) \_\_\_\_\_ Parent Victim Called (if applicable) (Date) \_\_\_\_\_  
 Referred to Administrator (if applicable) (Date) \_\_\_\_\_ Disposition from Administrator (Date) \_\_\_\_\_





# Demopolis City Schools **BAN** Program

## 4<sup>TH</sup> – 12<sup>TH</sup> Grade Reporting Form



Date: \_\_\_\_\_

Reporting Person: \_\_\_\_\_

Name(s) of Victim(s):

Name(s) of Offender(s):

Name(s) of witnesses:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Type of Complaint:**

Verbal/Name Calling  
 Threats  
 Social Media

Exclusion  
 Racial Slurs  
 Picture/Photos

Physical  
 Sexual Comments

Verbal/Rumors, Lies, Gossip  
 Stealing/Damage to Property

Other: \_\_\_\_\_

**Location of Incident:**

Athletic Field  
 Cafeteria  
 Parking Lot

Hallway  
 Bus  
 Courtyard

In Class w/Teacher  
 Bus Stop  
 Computer/Phone

In Class w/o Teacher  
 Locker Room

Bathroom  
 Gym

Other Adults in the Building who Know about the Incident: \_\_\_\_\_

Explain What Happened: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

-----**FOR OFFICE USE ONLY**-----

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Repeat Offender: **Yes** **No**

Parent Offender Contact (date): \_\_\_\_\_ Parent Victim Contact (date): \_\_\_\_\_

Administrative Referral (date): \_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



# Demopolis City Schools **BAN** Program

4<sup>TH</sup> – 12<sup>TH</sup> Grade Reporting Form



## Incident Report

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Names of other students involved or witnesses to the incident:**

**Grade Level:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Side of the Story: \_\_\_\_\_

\_\_\_\_\_  
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What happened because of this choice you made? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your plan to solve this problem? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you know you solved the problem? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What should be the consequence if you choose to make this choice again? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_