

STUDENT SERVICES RIGHTS AND RESPONSIBILITIES

Rights & Responsibilities

BULLYING

COMPLAINT FORM

Name: _____ Date Filed: _____

Address: _____ City/Zip: _____

Home Phone: _____ Other Phone: _____ Email: _____

I wish to complain against (person(s)):

Location: _____ Date of incident: _____

Please specify the nature of your complaint and list specifics of what, when, where, how and who was there:

Attach additional pages is necessary

Names and addresses and/or other contact information for witnesses or persons who can provide more information regarding this complaint:

Suggestions for an appropriate remedy or resolution of this complaint:

I certify under penalty of perjury that the foregoing statements and attachments are true and correct.

Date: _____ Signature of Complainant: _____

Please file this complaint form with the site administrator or designee