Board Policy 3295F: Complaint Form

Complaint Form

School: _____ Date: _____

Student's/Complainant's Name: _____

(If you feel uncomfortable leaving your name, you may submit an anonymous report, but please understand that an anonymous report will be much more difficult to investigate. We assure you that we'll use our best efforts to keep your report confidential.)

Who was responsible for the incident(s)?

Describe the incident(s):

Date(s), time(s), and place(s) the incident(s) occurred:

Were other individuals involved in the incident(s)?

☐ Yes ☐ No

Did anyone witness the incident(s)?

☐ Yes ☐ No

If so, name the witnesses:

Is there any evidence of the incident(s) (i.e. letters, photos)?

☐ Yes ☐ No

If so, please describe. If yes, what action did you take?

Were there any prior incidents?

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☐ Yes ☐ No
If so, describe any prior incidents:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of Complainant: