Form for Reporting a Complaint of Bullying, Intimidation, Violence, and Threats of Violence

This form may be used by a student or a student’s parent or guardian to submit a complaint regarding Bullying, Intimidation, Violence, and Threats of Violence as defined by state law and school system policy (Board Policy 6.22 [Jamari Terrell Williams Student Bullying Act Policy]).

This form should be delivered to the principal or the principal’s designee either by mail or personal delivery.

Student’s Name: _______________________________ School: __________________

Home Phone: _____________________________ Email address: _____________________________

Home Address: ______________________________________________________________________

Preferred method of contact (provide address, e-mail, or phone number):

_________________________________________________________________________________

Describe the conduct/circumstances leading to the complaint, including all pertinent facts supporting the complaint.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

(Attach additional paper, if needed.)

When did this happen (over what time period if continuing or more than once):

_________________________________________________________________________________

(Attach additional paper, if needed.)

Where did this happen:

_________________________________________________________________________________

(Attach additional paper, if needed.)
Identify the person(s) whose actions led to the filing of the complaint.

______________________________________________________________________________

(Attach additional paper, if needed.)

Identify all witnesses or other persons having information that is relevant to the complaint.

______________________________________________________________________________

______________________________________________________________________________

Do you have suggestions for resolving this situation? If so, list them here:

______________________________________________________________________________

______________________________________________________________________________

(Attach additional paper, if needed.)

OTHER INFORMATION:

• I believe the incident in question was motivated by the following characteristic(s) (Check All That Apply):
  ___ Disability
  ___ Gender Identity
  ___ National Origin
  ___ Race
  ___ Religion
  ___ Sex
  ___ Socioeconomics
  ___ Other _________________________________

• The incident resulted in a threat of suicide by the victim: ____ Yes ____ No

Attach copies of documents or other evidence that is relevant to the complaint.

I affirm that to the best of my knowledge, the foregoing information is true, accurate, and complete.

Student:

_____________________________ Date: ______________________________

Signature

OR

Parent/Guardian:

_____________________________ Date: ______________________________

Signature