



**COMPLAINT FORM IN CASES OF  
 DISCRIMINATION, HARASSMENT, INTIMIDATION and BULLYING**  
 (For Non-Student Use)

1. Name of Complainant(s): \_\_\_\_\_
2. Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. School: \_\_\_\_\_
4. Principal and/or Teacher: \_\_\_\_\_
5. State the specific nature of your complaint and other relevant facts and circumstances.  
*(Explain in narrative form and furnish sufficient background so as to identify the person(s), action(s) and/or omission(s) that led to the allegation. Attach additional pages as necessary.)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Has this situation been discussed with individual(s) or supervisors involved?  Yes  No  
*If yes, to whom have you spoken? Names and dates:* \_\_\_\_\_  
 \_\_\_\_\_  
 Results of your discussion(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Resolution or remediation you would like to occur: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**As a district employee(s):**  
 I (we) understand I (we) have the right to have a support person present at all times during the processing of this complaint. I (we) understand that the district may request additional information about this complaint and, if such information is available, I (we) shall provide it upon request.

**As a volunteer(s):**  
 I (we) understand I (we) have the right to have a support person present at all times during the processing of this complaint.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

***For Human Resources Only***

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

Date investigation complete \_\_\_\_\_