

**COMPLAINT OF HARASSMENT, VIOLENCE OR THREATS OF VIOLENCE  
AGAINST SELF OR OTHERS**

Please print:

Name of Person Filing Complaint \_\_\_\_\_ Date \_\_\_\_\_

If complaint is being filed by parent/legal guardian, please provide the following

Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ or number where you may be contacted \_\_\_\_\_

during the hours of \_\_\_\_\_

**SECTION I** If this form is being used to report threats of suicide by a student, please provide the student's name along with relevant information surrounding threats. Otherwise please go to the next section.

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

**SECTION II** Complaint of Harassment, violence, or acts of Violence Against others

I wish to register a complaint against: (Name of person)

\_\_\_\_\_

Specify your complaint by stating the problem as you see it. Describe the incident, participants, background to the incident, and any attempts you have made to resolve the problem. Please note relevant dates, times and places.

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

Indicate if there are other people who could provide more information regarding your complaint: Include address and telephone number if non-student.

Name, Address Telephone Number

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

Indicate your opinion on possible resolutions to this problem. These will be considered in determining the most appropriate action to be taken.

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

I certify that there is no falsification of the above information and events are accurately depicted to the best of my knowledge.

Signature of Complainant \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

Please return the original completed form to the school Principal. A copy of this will be provided to the complainant.

Complaint received on \_\_\_\_\_

By: \_\_\_\_\_