Exhibit 0115-E

HARASSMENT AND/OR BULLYING COMPLAINT FORM

The purpose of this form is to inform the district of an incident or series of incidents of bullying and/or harassment so we can investigate and take appropriate steps

Student Name:_____ Name of person reporting:_____

Relationship: _____

Grade:_____ School:_____

Describe the incident(s). Please include when and where it happened.

_____
_____
_____
_____
_____
_____

List the name(s) of the individual(s) accused of bullying and/or harassment.

_____
_____
_____
_____

Were there any witnesses? ___Yes ____No If yes, please list the names of the individual(s).

_____
_____
_____

I certify that all statements on this form are accurate and true to the best of my knowledge.

_____ _____

Signature Date

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).

Return this form to your School Principal

Note on confidentiality:
In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.