

SCHOOL DISTRICT OF SUPERIOR

STUDENT HARASSMENT COMPLAINT FORM

Name Date

Address

City State Zip

Telephone (Home) Telephone (School or Work)

Name of individual filing complaint: _____

Student Employee Parent Other Please Specify _____

The complaint alleges harassment on the basis of: _____

Statement of Complaint. Please describe as best you can exactly what happened to you that leads you to believe that you have been harassed. Include dates, if you can, and the names of everyone who was involved in the harassment or saw or heard what happened. If there was more than one incident of harassment, please describe each incident separately. You may use the back of this form or another sheet of paper (if necessary).

This complaint is based upon my honest belief that _____ has harassed me or another person. I certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

I authorize the _____ School District to conduct an investigation into this complaint, including reviewing this complaint with the accused individual.

Signature of Parent/Guardian Date

Signature of Student Date

Adopted: 12/12/94
Revised: 7/17/95
6/10/02