

NINE MILE FALLS SCHOOL DISTRICT**HARRASSMENT, BULLYING AND INTIMIDATION COMPLAINT FORM**

Name of Complainant: _____

Location (School): _____

Date of Complaint: _____

Name of Accused: _____

Efforts made by the complainant to resolve complaint prior to filing this formal complaint: _____

Date and Place of Incident(s): _____

Description of Complaint: _____

Name of Witnesses: _____

Evidence of Incident (i.e., letters, photos): _____

Any Other Information: _____

Signature: Person Receiving Complaint_____
DateOriginal: Principal
Copy: Complainant