

Harassment, Intimidation & Bullying Complaint Form

Please Print

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Best Time to Contact: _____

I wish to register a complaint against:

NAME OF PERSON: _____

Complaint: (Specify your complaint by stating the problem as you see it. Describe the incident(s), participants, background information to the incident, and any attempts that you made to resolve the problem. Include relevant dates, times and places.)

Use the reverse side if necessary

Indicate any other people who could provide more information regarding your complaint:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proposed Solution: (Indicate your opinion on how this problem might be resolved, be specific)

Use reverse side if necessary

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

Date

Please return this completed form to the Complaint Director:
A copy of this form will be provided to the complainant.

Mr. Monty Aldrich