

411.2 EXHIBIT 2: STUDENT HARASSMENT AND/OR BULLYING FORMAL COMPLAINT

This form should be used after discussing the basis of the complaint with the building administrator/designee.

Type: Sexual Harassment Other Harassment Bullying

Name of Student Being Harassed and/or Bullied: _____

Name of School Student is Attending: _____

Name of Person Filing Complaint: _____

Are you? Student Parent/Guardian Employee Other

Please state specifically what happened. Include what happened, when it happened [date(s) and times(s)], how often it happened, where it happened, who did it and who witnessed it. Also state anything you did to try to stop the harassment and/or bullying. *(Use reverse side if needed)*

** Form continues on reverse side*

Relief requested:

MY SIGNATURE BELOW CERTIFIES the information provided in this statement is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

The building administrator/designee receiving the complaint shall immediately begin an initial investigation of the complaint and reply in writing o the complainant within fifteen (15) calendar days unless a notice is given of the need for an extension of the investigation.

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|----------------------------|-------------|
| <i>FOR OFFICE USE ONLY</i> | |
| _____ | _____ |
| <i>Received by</i> | <i>Date</i> |

Copies to: District Administrator; Principal; Complainant

Approved by the Board of Education on November 15, 2010