Complaint Form

Report of Harassment, Bullying, Intimidation, Violence, and/or Threats of Violence or Suicide

Reference – Limestone County Board of Education Policies:

6.25 Jamari Terrell Williams Student Bullying Prevention Act Policy
6.11 Sexual Harassment

School Name: (please print) ______________________________________________________
Name of Student: _____________________________________________________________ Grade: __________
Telephone Number: __________________________________________________________

<table>
<thead>
<tr>
<th>INFRACTION REPORTED BY: _____ STUDENT ____ PARENT/GUARDIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Incident</td>
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</table>
| Specific Location of Incident

DESCRIPTION (Be specific and use names/titles, dates, exact location and specific occurrence(s) if appropriate including any threat of suicide. Use additional sheets if necessary.)

OTHER INFORMATION

What results are you seeking by filing this complaint?

Student Signature ____________________________________________________________ Date __________________
OR
Parent/Guardian Signature ____________________________________________________ Date __________________

Please note that the submission of a complaint does not automatically substantiate that misconduct has occurred. The school administration has the prerogative to investigate any allegations of wrongdoing.