



## 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: \_\_\_\_\_

INFRACTION REPORTED BY: <input type="checkbox"/> STUDENT <input type="checkbox"/> PARENT/GUARDIAN			
<i>Date of Incident</i>		<i>Time</i>	
<i>Specific Location of Incident</i>			
<b>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.)</b>			
<b>OTHER INFORMATION</b>			
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.