CHAPTER 3.00 - SCHOOL ADMINISTRATION

EXHIBIT A TO DALE COUNTY BOE
POLICY 5.28

STUDENT HARASSMENT COMPLAINT FORM

**NOTE: IF YOU ARE REPORTING A SUICIDE THREAT, PLEASE FILL OUT THE INFORMATION REQUESTED AT THE BOTTOM OF THIS FORM

Name of Student Registering Complaint

Last First MI

School:

Homeroom Teacher:

If this complaint is against a particular individual or individuals, please name:

When did the Harassment Begin?

List the specific incidents of Harassment Complained of and the dates each incident Occurred

Description of Harassment: (Attach additional information if necessary)

Requested Remedy/Solution:

SUICIDE THREAT: IF YOU OR SOMEONE ELSE HAVE THREATENED SUICIDE, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE AND IMMEDIATELY NOTIFY YOUR SCHOOL PRINCIPAL

Who Threatened Suicide? When? Where was threat made? Where is this person now? Does this person have a weapon on campus? Other details of threat?

I, hereby swear and affirm under oath and subject to penalty of perjury that the above statements are true, correct and complete as of this the day of , 2

(Signature of Student or Legal Guardian)

Received by on this day of , 2

(Administrator or Counselor)