

Garden Valley School District No. 71

STUDENTS

3295F

Hazing, Harassment, Intimidation, Bullying, Menacing

COMPLAINT FORM

School _____ Date _____

Student's/Complainant's Name _____

(If you feel uncomfortable leaving your name, you may submit an anonymous report, but please understand that an anonymous report will be much more difficult to investigate. We assure you that we'll use our best efforts to keep your report confidential.)

Who was responsible for the incident(s)? _____

Describe the incident(s): _____

Date(s), time(s), and place(s) the incident(s) occurred: _____

Were other individuals involved in the incident(s)? ☐ yes ☐ no

If so, name the individual(s) and explain their roles: _____

Did anyone witness the incident(s)? ☐ yes ☐ no

If so, name the witnesses: _____

Is there any evidence of the incident(s) (i.e. letters, photos) ☐ yes ☐ no

If so, please describe: _____

Did you take any action in response to the incident? ☐ yes ☐ no

If yes, what action did you take: _____

Were there any prior incidents? ☐ yes ☐ no

If so, describe any prior incidents: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of complainant: _____

Signature of parents/legal guardian: _____

Cross Reference: 3210 Uniform Grievance Procedure

Legal References: 20 U.S.C. § 1681, et seq. Title IX of the Educational Amendments

34 CFR Part 106

I.C. § 67-5909 Acts Prohibited

Policy History:

Adopted on: 12-13-2011

Revised on: 03-15-2017