

**PROHIBITION OF HARASSMENT, INTIMIDATION, AND BULLYING**

**COMPLAINT FORM**

(To be used by designated contact person)

Name of Complainant \_\_\_\_\_

Address of Complainant \_\_\_\_\_

Date of Complaint \_\_\_\_\_

Date and Place of Incident(s) \_\_\_\_\_

Type of Harassment | Bullying \_\_\_\_\_

Description of the Incident(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses \_\_\_\_\_

What action, if any, has been taken \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments or Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Signature (optional) \_\_\_\_\_ Date \_\_\_\_\_

PROHIBITION OF HARASSMENT, INTIMIDATION, AND BULLYING
Complaint Appeal to the Superintendent

I/We appeal the Principal's Step 1 decision for the following reason(s):

[with specificity, Complainant should state how or why the Complainant believes the Principal's decision is wrong]

Multiple horizontal lines for writing the appeal reasons.

[THE APPEALING PARTY MUST ATTACH A COPY OF THE PRINCIPAL'S WRITTEN DECISION.]

Date

Complainant

Date

Superintendent

**PROHIBITION OF HARASSMENT, INTIMIDATION, AND BULLYING  
COMPLAINT APPEAL TO THE SCHOOL BOARD**

I/We Appeal the Superintendent’s decision for the following reason(s): [With specificity, Complainant should state how or why the Complainant believes the Superintendent’s decision is wrong]:

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ATTACH A COPY OF THE REPORT, THE PRINCIPAL’S WRITTEN DECISION, THE APPEAL TO THE SUPERINTENDENT, AND THE SUPERINTENDENT’S WRITTEN DECISION OR NOTICE OF THE SUPERINTENDENT’S FAILURE TO RENDER A WRITTEN DECISION.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Business Manager

**PROHIBITION OF HARASSMENT, INTIMIDATION, AND BULLYING**

**Verification of Required Training of for  
School District Personnel**  
(Including new employees, volunteers and  
substitutes)

I have read and received the **PROHIBITION OF HARASSMENT,  
INTIMIDATION, AND BULLYING** policy of the Garretson School District.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position/School

\_\_\_\_\_  
Date

Please check correct status below:

\_\_\_\_\_ Currently Employed

\_\_\_\_\_ New Employee

\_\_\_\_\_ Substitute

\_\_\_\_\_ Volunteer

\_\_\_\_\_ Other