

WILMINGTON AREA SCHOOL DISTRICT

REPORT FORM FOR COMPLAINTS OF DATING VIOLENCE

Complainant: _____
Home Address: _____
Home Phone: _____
School Building: _____
Date(s) of Alleged Incident(s): _____

Name of person you believe violated the District's policy prohibiting dating violence:

If the alleged dating violence was directed against another person, identify the other person:

Describe the incident as clearly as possible, including what force, if any, was used; verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved. Attach additional pages if necessary: _____

When and where incident occurred: _____

List any witnesses who were present: _____

This complaint is based on my honest belief that _____ committed dating violence against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature

Date

Received By

Date