



COMPLAINT FORM

COMPLAINANT INFORMATION

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME/CELL PHONE _____ WORK PHONE _____

EMAIL _____

STUDENT EMPLOYEE OTHER _____

SCHOOL/WORKPLACE _____ TITLE/GRADE _____

INCIDENT INFORMATION

PERSON(S) INVOLVED _____

NATURE OF INCIDENT _____

DATE AND TIME OF INCIDENT _____

LOCATION OF INCIDENT _____

WITNESS INFORMATION

LIST ANY WITNESS(ES) WHO MAY HAVE SEEN OR WHO KNOW SOMETHING ABOUT THE ALLEGED INCIDENT:

ARE YOU AWARE OF OTHERS WHO MAY BE AFFECTED BY THE INDIVIDUAL(S) AGAINST WHOM THIS COMPLAINT IS MADE? YES NO

IF YES, WHO? _____

