

**Port Angeles School District  
Prohibition of Bullying, Harassment, Intimidation  
Formal Complaint Process (3207F)  
(Alleged Victim Complaint Form)**

Date of Written Report \_\_\_\_\_

Individual Making Complaint \_\_\_\_\_

Phone Number \_\_\_\_\_

School or Program Location \_\_\_\_\_

Date, Time and Location of Alleged Incident:

Names of Individuals Involved:

What happened? (Include as many details as possible, attaching additional pages if necessary)

Please list individuals who may have additional information pertaining to this incident.

To your knowledge, was law enforcement contacted regarding this incident?

When and where might additional incidents of this type be likely to occur?

Signature of Individual Completing This Form \_\_\_\_\_

