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________________________________________
Administrative Intervention

School Official Conducting Investigation: ____________________________________________

Findings: _____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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Action Taken: __________________________________________________________________
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Follow-Up Log (Contact with person harassed):

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