POTTSGROVE SCHOOL DISTRICT

ANTI-HARASSMENT/DISCRIMINATION/BULLYING COMPLAINT FORM

COMPLAINT
(use separate forms for each Complainant)

1. The person filing this complaint is: __________________________________________

2. The complaint is being filed against: ________________________________________

3. The discrimination / harassment / bullying (check one):
   □ Took place on or about ____________________________________________________.
   □ Is of a continuing nature, which has persisted up to, and including the present.

4. Please describe your complaint: ____________________________________________

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
5. Explain how you would like this resolved:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. Identify any witnesses or other persons / information you believe may be relevant about the complaint:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

To the best of my knowledge, the above statement is true and correct. I further understand that knowingly making a false report of discrimination / harassment may subject me to discipline in accordance with the Discipline Code governing me (student/professional/staff/contractors).

________________________________________________________________________

Name ___________________________________________ Date ______________

________________________________________________________________________

Investigator