Form for Reporting a Complaint of Bullying, Intimidation, Violence, and Threats of Violence

Alabaster City Schools

This form may be used by a student or a student’s parent or guardian to submit a complaint regarding Bullying, Intimidation, Violence, and Threats of Violence as defined by state law and school system policy (Board Policy 3.43 [Jamari Terrell Williams Student Bullying Act Policy]).

This form should be delivered to the principal or the principal’s designee either by mail or personal delivery.

Student’s Name: ____________________________ School: __________________________

Home Phone: ____________________________ Email address: __________________________

Home Address: ____________________________

Preferred method of contact (provide address, e-mail, or phone number):

________________________________________________________________________

Describe the conduct/circumstances leading to the complaint, including all pertinent facts supporting the complaint.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(Attach additional paper, if needed.)

When did this happen (over what time period if continuing or more than once):

________________________________________________________________________

(Attach additional paper, if needed.)

Identify the person(s) whose actions led to the filing of the complaint, and all witnesses or other persons having information that is relevant to the complaint.

________________________________________________________________________
(Attach additional paper, if needed.)

Do you have suggestions for resolving this situation? If so, list them here:

(Attach additional paper, if needed.)

OTHER INFORMATION:

- I believe the incident in question was motivated by the following characteristic(s) (Check All That Apply):
  - Race
  - Sex
  - Religion
  - National Origin
  - Disability
  - Other

- The incident resulted in a threat of suicide by the victim: ___ Yes ___ No

Attach copies of documents or other evidence that is relevant to the complaint.

I affirm that to the best of my knowledge, the foregoing information is true, accurate, and complete.

Student:

______________________________       Date: ________________________________
Signature

OR

Parent/Guardian:

______________________________       Date: ________________________________
Signature