

CONCRETE SCHOOL DISTRICT
STAFF HARASSMENT, INTIMIDATION, BULLYING COMPLAINT FORM

NAME: _____

DATE: _____ **SCHOOL:** _____

WORK PHONE #: _____ **HOME PHONE #:** _____

IMPORTANT! Please answer as completely as possible the following questions. Use the back of this paper and as many additional sheets as necessary. Call the district office at 853-4000 to schedule an appointment and get this form to them immediately.

Exactly what happened?	
Who is the alleged harasser or bully?	
Was the alleged harasser or bully informed that his/her behavior was unwelcome?	
What was his/her reaction, if informed?	
When did the behavior(s) occur? (Be specific indicating date(s) and time behavior occurred).	
Where did the behavior(s) occur?	
Were there any witnesses?	
How often has the behavior occurred?	
How long has the unwelcome behavior been going on?	
Is there evidence related to this allegation?	

I certify the above statements to be true and factual to the best of my knowledge.

Signature: _____ Date: _____