



WEST SHORE SCHOOL DISTRICT
Bullying/Harassment Complaint Form

For use under Board Policy 249 (Bullying) & Board Policies 248 and 348 (Harassment)

Complainant's Name:

Last First M.I.

School/Building/Department: _____

Grade/Position: _____

Date Submitted _____

Submitted to (check one):

- Building Principal
 Immediate Supervisor
 Other (please identify) _____

I would like to make the following complaint:

Describe the problem. Specifically including the date, what happened, who was involved, whether there were any witnesses, and anything else you believe is important for us to know.

Describe how the incident you are complaining about has affected you.

What would you like to see done about this problem?

Signed: _____ **Date:** _____