

Village Tech Schools Bullying/Harassment Complaint Form

Date Filed: _____ Your name: _____

Address: _____ Phone number: _____

Indicate the appropriate response to the following with a check mark(s):

You are: ___ Student ___ Parent ___ Employee ___ Volunteer

The complainant believes bullying has occurred because of the following reason:

Date(s) of alleged bullying: _____

Person(s) alleged to be target/victim:

_____ Campus _____ Grade: _____

Person(s) alleged to have committed the bullying:

_____ Campus _____ Grade: _____

Possible bystander / witness _____ Campus _____ Grade _____

Summarize the incident(s) or occurrence(s) as accurately and detailed as possible. Attach sheets or use back side of the form, if necessary. Attach any evidence of harassment or bullying (i.e. letters, photos, provide cell phone texts, etc.)

Location of incident

Have you reported this to anyone?: ___ Yes ___ No. If so, who? _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of Complainant _____

Date received by Campus Director or other designee _____

Signature of Campus Director or other designee _____

Note: Completion of this form will initiate an investigation of the alleged incident of bullying. Completion of this form or an impending investigation shall not be construed as confirmation of bullying. Submission of a good faith complaint or report of bullying will not affect the complainant or reporter's future employment, grades, learning or working environment or work assignment. Results of the investigation will determine the disciplinary action taken. The complainant that falsely accuses someone will also be subject to disciplinary action.

Please print this form, complete the form, and bring it to the campus director.