



FOR SUPPORT STAFF, NURSE, OR ASSISTANT PRINCIPAL USE ONLY:

Support staff, nurse, or assistant principal receiving this complaint:

Name (printed) \_\_\_\_\_

Position: \_\_\_\_\_

Response to Report (check all that apply):

Referral to building administration for discipline

Referral to peer mediation for conflict resolution

Referral to support staff for conflict resolution

Complainant's father/mother/guardian (circle one) contacted (date: \_\_\_\_\_ time: \_\_\_\_\_)

Referred student's father/mother/guardian (circle one) contacted (date: \_\_\_\_\_ time: \_\_\_\_\_)

Referral to Civil Rights Building Representative (CR Referral Form is filled out; Student Report Form and CR Referral Form are turned over to CRBR)

Submitted Student Report to CRBR for records (required)

Other (describe):