

**LAUDERDALE COUNTY SCHOOL DISTRICT**

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**Threats/Bullying/Harassing/Discrimination  
COMPLAINT FORM**

**\*\*TO BE COMPLETED BY THE SCHOOL OFFICIAL RECEIVING THE COMPLAINT**

Victim's Name: (last, first, middle)	SEX	GRADE	AGE
Accused's Name: (last, first, middle)	SEX	GRADE	AGE
School	School Telephone		
Principal	Today's Date		

Where did the incident occur? \_\_\_\_\_

When did the incident occur? DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Please give a description of the incident or infraction. (Be specific)

Do you know any of the witnesses involved? If so, please provide as much detail as possible.

List and attach any evidence you may have (i.e. letters, photos, documentation, etc...)

PERSON REPORTING THE COMPLAINT: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL OFFICIAL COMPLETING THE FORM \_\_\_\_\_ DATE: \_\_\_\_\_  
(IF OTHER THAN THE PRINCIPAL)

**For Office Use Only**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

(SIGNATURE OF THE PRINCIPAL)

The Lauderdale County School District does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, or disability in its educational programs or employment policies, set forth in compliance with federal and state statutes and regulations. Any persons having inquiries concerning the LCSD's compliance with Title IX, and/or Section 504, may contact the Assistant Superintendent or the Director of Special Services at 601-693-1683.