



WILSON COUNTY SCHOOLS - FORMAL COMPLAINT FORM

Name: _____ Social Security #: xxx-xx- _____

Address: _____

Phone Number: _____ Race: _____ Sex: _____

Student Employee Witness Site: _____

Type of Charge: Discrimination Harassment Bullying

Description of Charge:

Signature

Date of Notification

My signature states that I have received a copy of WCS Board Policy No. 3037, 4037, 6904 & 8311.

To Be Completed by Principal/Supervisor

If the victim is a student, has the parent been notified? _____ YES _____ NO

If yes, circle method of notification: Telephone Conference Letter

Has the accused been notified of charge(s)? _____ YES _____ NO

If yes, circle method of notification: Telephone Conference Letter

Findings From Investigation:

Signature of Principal/Supervisor

Date

Superintendent/Designee Signature

Date Received Notification

cc: HRS, Superintendent, Principal/Supervisor and Complainant

The Wilson County School System is an equal opportunity employer and does not knowingly discriminate in any of its programs because of race, religion, sex, age, national origin or disability.