



Linking Learning to Life

Marshall County School System Bullying/Harassment Complaint Form

LEA _____ School _____

1. Complainant Information

Name _____

Telephone Number _____

Grade _____ Sex _____

2. Name of person(s) who bullied, harassed, or discriminated against you:

_____ Grade _____ Sex _____

_____ Grade _____ Sex _____

_____ Grade _____ Sex _____

3. When/Where did the incident take place: _____

4. Describe the incident (attach additional pages if necessary): _____

5. List all witnesses with knowledge of the incident:

_____ Grade _____ Sex _____
_____ Grade _____ Sex _____
_____ Grade _____ Sex _____

6. What outcome would you like to see as a result of this complaint? _____

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

Signature of Complainant

Date

Person receiving Complaint Form

Date

****Be sure to attach any supporting documentation/evidence****