

# Tate County School District

## PROHIBITION OF HARASSMENT, INTIMIDATION & BULLYING

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ or number where you may be contacted \_\_\_\_\_  
 during the hours of \_\_\_\_\_

I wish to register a complaint against:  
 Name of person, school (give department, program activity, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Specify your complaint by stating the problem as you see it. Describe the incident, participants, background to the incident, and any attempts you have made to resolve the problem. Please note relevant dates, times and places.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Indicate if there are other people who could provide more information regarding your complaint:  
 Name Address Telephone Number

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Proposed Solution:  
 Indicate your opinion on how this problem might be resolved. Be as specific as possible.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that there is no falsification of the above information and events are accurately depicted to the best of my knowledge.

\_\_\_\_\_  
 Signature of Complainant

\_\_\_\_\_  
 Date

Please return the original completed form to the Executive Personnel Director. A copy of this will be provided to the complainant.