Kamaile Academy PCS

COMPLAINT FORM

COMPLAINANT INFORMATION		
Last Name	First Name	Middle Name
Number and Street	City	State Zip
Home Phone ( )	Work Phone ( )	Cell Phone ( )

ALLEGED VICTIMS		
Name	Adress	Phone Number
Name	Adress	Phone Number

COMPLAINT STATUS (Check Applicable Box)

( ) Student ( ) Parent ( ) Legal Guardian ( ) Staff ( ) Other(specify)_____

ALLEGED STUDENT OFFENDER(S) (If known)		
Name	Grade	School
Name	Grade	School
Name	Grade	School

BASE OF COMPLAINT (Check Applicable Box)

( ) Discrimination ( ) Harrassment (Including Sexual Harassment) ( ) Retaliation ( ) Bullying

Dates(s) of Incidents ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

COMPLAINT SUMMERY (Identify: Who, What, When, and Where)

(Additional pages may be submitted)

WITNESS INFORMATION (Provide Names of Witnesses)

Name	( ) Student	( ) Adult	( ) Address/Organization	( ) Phone
Name	( ) Student	( ) Adult	( ) Address/Organization	( ) Phone
Name	( ) Student	( ) Adult	( ) Address/Organization	( ) Phone

Statement: The information provided above is truthful and correct to the best of my knowledge.

_____ _____ / _____ / _____

Complaintaint's Signature Date

Received by:

_____ _____ / _____ / _____

Principal or Designee Date

Principal or Designee:
Date Received By

Revised 12/5/2019