

Wilson School District #7 Complaint Form



Complainant Name (Print): _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Grade/Position: _____ School/Site: _____

Type of Complaint (Check all that apply):

- Sexual Harassment (WSD #7 Policy ACA/R/E, ACAA/R)
- Sexual Assault (WSD #7 Policy ACA/ACAA)
- Gender-Based Harassment (WSD #7 Policy AC/GBA)
- Dating Violence (WSD #7 Policy ACAA, JICL)
- Stalking (WSD #7 Policy ACAA, JICK/EB, JICL)
- Retaliation (WSD #7 Policy ACAA, GCCA, GCCD/E, JJIB/R)
- Bullying/Cyber-Bullying (WSD #7 Policy JICK/R/EA/EB)
- Discrimination (WSD #7 Policy AC-R, ACA/R, ACAA, GBA/R)
- Harassment (WSD #7 Policy ACA/R/E, ACAA/R, JICK/R/EA/EB)
- Other (WSD #7 Policy JICK/R/EA/EB, JICL, JII/R/EB (Students); WSD #7 Policy ACA/R, ACAA/R, GBEB, JICL (Employees))

Date(s) Incident Occurred: _____

Continuing Action Yes No
(Circle One):

Alleged Perpetrator/Respondent Please list the individual(s) alleged to have engaged in or committed the prohibited conduct:

Name: _____

Grade/Position: _____

Informal Resolution If available, are you interested in the school's informal resolution process?
(Circle One): Yes No

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Were there any witnesses to this matter? (Please Circle): *Yes* *No*

If yes, please identify witnesses to the incident(s) or those who have knowledge of the incident(s).
Please attach additional names, if needed.

Name: _____ Relationship to you: _____

Phone Number: _____ Grade/Position: _____

Name: _____ Relationship to you: _____

Phone Number: _____ Grade/Position: _____

Name: _____ Relationship to you: _____

Phone Number: _____ Grade/Position: _____

I certify that the aforementioned is true and correct:

Signature: _____

Date: _____

OFFICIAL USE ONLY

Receiving Employee's Signature: _____

Date Received: _____