## Wilson School District #7 **Complaint Form**



Complainant Name (Print):			Date:				
Home A	Address:						
City: _	So	tate:		Zip:			
Phone Number:Grade/Position:			Email:				
Type o	of Complaint (Check all that apply):						
0	Sexual Harassment (WSD #7 Police	y AC	CA/R/E, ACAA/R)				
0	Sexual Assault (WSD #7 Policy AC	CA/A	CAA)				
0	Gender-Based Harassment (WSD #	‡7 Po	licy AC/GBA)				
0	Dating Violence (WSD #7 Policy ACAA, JICL)						
0	Stalking (WSD #7 Policy ACAA, JICK/EB, JICL)						
0	Retaliation (WSD #7 Policy ACAA	A, GC	CCA, GCCD/E, JJI	B/R)			
0	Bullying/Cyber-Bullying (WSD #7	' Poli	cy JICK/R/EA/EB	)			
0	Discrimination (WSD #7 Policy AC-R, ACA/R, ACAA, GBA/R)						
0	Harassment (WSD #7 Policy ACA/R/E, ACAA/R, JICK/R/EA/EB)						
0	Other (WSD #7 Policy JICK/R/EA	/EB,	JICL, JII/R/EB (S	tudents); WSD #7 Po	olicy A	ACA/R	, ACAA/R
	GBEB, JICL (Employees)						
Date(s	) Incident Occurred:		_	Continuing Action (Circle One):		Yes	No
	d Perpetrator/Respondent Please li ohibited conduct:	ist th	e individual(s) all	eged to have engage	d in o	or comr	nitted
Name:			_	Grade/Position:			
Inform (Circle (	nal Resolution If available, are yo	ou in	terested in the so	chool's informal re	soluti	on pro	ocess?

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Nature of Complaint Please specifically described your complaint against the named person(s) in the previous section, including how the person(s) harassed, discriminated, bullied, or retaliated against you. Please describe the behavior, comments, or incidents that caused you to file your complaint. (Identify: Who, What, When, and Where, and How).							

Please attach additional sheets and/or documentation/information as necessary.

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