

GRANDVIEW HEIGHTS CITY SCHOOLS
ANTI-HARASSMENT/BULLYING COMPLAINT FORM
Student/Parent Form

Name of complainant: _____

Complainant is a student/parent: _____

Date of complaint: _____

Name of alleged harasser/bully: _____

Date and place of incident or incidents: _____

Description of misconduct: (attach additional information if needed) _____

Name of witness (if any): _____

Evidence of harassment or bullying, i.e., letters, photos, etc. (attach evidence if possible): _____

Any other information: _____

The student/parent has indicated that this ____ should be ____ does not need to be confidential.

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

Signature: _____ Date: _____