

POINT ISABEL ISD COMPLAINT REPORTING FORM

Name of Person Filing Report: _____

Statement Involves Complaint against Whom: _____

Please state your specific complaint or complaints. Describe in detail the events surrounding the complaint against the above-name person(s). Include dates, times, locations, persons present, substance of statements, and conversations, etc. Please be as factual as possible. If you must express an opinion, please make it clear that you are doing so. Attach additional pages if necessary, and attach copies of any written documentation that may assist us in resolving this complaint.

Date(s) of incident(s): _____

Location(s) of incidents: _____

Description of what happened:

Please provide the names of other witnesses if you know them or descriptions if you do not.

Please state the individual harm alleged and identify the person(s) alleged to be harmed, if other than you.

Alleged Harm: _____ Person Alleged Harmed: _____

Alleged Harm: _____ Person Alleged Harmed: _____

Alleged Harm: _____ Person Alleged Harmed: _____

“I affirm that the above statement is the truth to the best of my knowledge.”

Printed Name of Person Making Statement

Signature & Date

Printed Name & Title of Person Receiving Statement

Signature & Date

PLEASE SUBMIT THIS FORM TO THE CAMPUS PRINCIPAL.

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