

Student Complaint Form

Bullying, Discrimination, Harassment, & Retaliation Instructions for Students/Parents/Guardians

Your Right to File a Complaint:

The Ipswich Public School strives to have all students and employees be free from bullying, discrimination, harassment, and retaliation. All charges of bullying, discrimination, harassment, and retaliation are taken very seriously. The Ipswich Public School will make every reasonable effort to handle and respond to charges and complaints filed in a fair, thorough and just manner. Every reasonable effort will be made to protect due process rights of victims and alleged offenders. All complaints will be investigated and completed within 10 school days from the date that they were filed. Extensions to the timeline may be necessary on a case-by-case basis.

Instructions:

Use the following form to report bullying, discrimination, harassment, and retaliation so that school officials may investigate and take appropriate steps to increase safety.

Complete the form providing as much detailed information as possible so that the complaint may be properly investigated. It is important that you report the facts accurately and completely as possible and that you cooperate fully with the persons designated to investigate the complaint.

Where to file:

Complaint forms will be available from the counselor, administration or online on the school website. Once completed, the administrator or designee will handle all complaints.

Confidentiality:

To conduct an investigation in a confidential manner, the school will disclose the contents of your complaint only to those persons who have a need to know of the complaint. In signing the complaint form, you authorize the disclosure, as needed, of the information you have provided, and you may provide in the future, regarding your complaint. Your complaint form will not be shown to the accused student.

Retaliation prohibited:

Retaliation against a person who files a formal complaint is strictly prohibited and is grounds for disciplinary action in accordance with the *Progressive Discipline Policy*.

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Name: _____

Grade: _____ Date: _____ Time: _____

Please answer the following questions about the incident that prompted this report:

- List the name of the student(s) accused of bullying, discrimination, harassment, and retaliation:

- Relationship between you and the accused student(s):

- Describe the incident:

- Where and when did it happen:

- Were there any witnesses? ___ Yes ___ No *If yes, please provide the names of the witnesses.*

- Have there been any previous incidents involving the accused student(s)? ___ Yes ___ No *If yes, Please explain:*

- Other information, including previous incidents or threats:

- Student or parent declines to complete this form _____

Initial

Date

I certify that all statements made in the complaint are true and complete. I understand that any intentional misstatement of fact may subject me to school discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation of my complaint.

Signature of Student/Parent/Guardian _____ Date: _____

Signature of School Official receiving complaint: _____ Date: _____

District Investigation Summary Completion Date: _____