



STUDENTS

3295F

Hazing, Harassment, Intimidation, Bullying, Cyber Bullying

COMPLAINT FORM

School _____ Date _____

Student's/Complainant's Name _____

(If you feel uncomfortable leaving your name, you may submit an anonymous report, but please understand that an anonymous report will be much more difficult to investigate. We assure you that we'll use our best efforts to keep your report confidential.)

Who was responsible for the harassment or incident(s)? _____

Describe the incident(s): _____

Date(s), time(s), and place(s) the incident(s) occurred: _____

Were other individuals involved in the incident(s)? yes no

If so, name the individual(s) and explain their roles: _____



ALTURAS

INTERNATIONAL ACADEMY

151 N Ridge Avenue, Idaho Falls, ID 83402 | Office: 208-522-5145 | Fax: 208-522-5147
Office@AlturasAcademy.org | AlturasAcademy.org

Did anyone witness the incident(s)? yes no

If so, name the witnesses: _____

Is there any evidence of the harassment (i.e. letters, photos) yes no

If so, please describe: _____

Did you take any action in response to the incident? yes no

If yes, what action did you take: _____

Were there any prior incidents? yes no

If so, describe any prior incidents: _____

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

Signature of complainant: _____

Signature of parents/legal guardian: _____