COMPLAINT FORM

This form may be completed by any member of the Crestview Local School District community who has experienced an incident that may constitute a violation of Policies 1422, 2260, 2266, 3122, 4122, and 5517. Please complete the form to the best of your ability.

Today's Date: ____________________ **Complainant:** ______________________________________

Direct Supervisor (if applicable): ____

Department Director (if applicable): ____

Administrator Over Department/Site: ____

Phone Number: __________________ **E-mail:** ____

School/Work Location: ____

Complainant's District Affiliation:

- ☐ Student
- ☐ Administrator
- ☐ Teacher/Faculty
- ☐ Staff
- ☐ Parent/Guardian
- ☐ Other _______________________________________

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Incident Date: __________________________

Incident Time: __________________________

Incident Location:

- ☐ School Building/Office
- ☐ Outdoors on school grounds
- ☐ School/District transportation
- ☐ School/District sponsored event
- ☐ Other

Type of Incident:

- ☐ Discrimination
- ☐ Harassment
- ☐ Violence/Sexual Assault
- ☐ Stalking
- ☐ Retaliation
- ☐ Other

Protected Class(es) Basis for Report: ______________________________

- ☐ Sex
- ☐ Gender
- ☐ Gender Identity
- ☐ Gender Expression
- ☐ Sexual Orientation
- ☐ Pregnancy/Parenting
- ☐ Race
- ☐ Religion
- ☐ National Origin
- ☐ Disability
- ☐ Age
- ☐ Genetic Information
- ☐ Marital Status
- ☐ Color

Specific Location: ______________________________

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Respondent: ____________________ **Phone Number:** ____________________

E-mail: ______________________________

School/Work Location: ______________________________

Respondent's District Affiliation:

- ☐ Student
- ☐ Teacher/Faculty
- ☐ Staff
- ☐ Administrator
- ☐ Guest
- ☐ Other ____________________

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Witness 1: ____________________ **Phone Number:** ____________________

E-mail: ______________________________

School/Work Location: ______________________________

District Affiliation:

- ☐ Student
- ☐ Administrator
- ☐ Teacher/Faculty
- ☐ Staff
- ☐ Other ____________________

CRESTVIEW LOCAL SCHOOLS

Witness 2: ______________________________ **Phone Number:** ____________________

E-mail: ____

School/Work Location: ____

District Affiliation:

☐ Student
☐ Administrator
☐ Teacher/Faculty
☐ Staff
☐ Other ______________________________

Witness 3: ______________________________ **Phone Number:** ____________________

E-mail: ____

School/Work Location: ____

District Affiliation:

☐ Student
☐ Administrator
☐ Teacher/Faculty
☐ Staff
☐ Other ______________________________

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Incident Narrative (this can be brief; a full statement will be taken by the investigator):

Supportive Measures Requested:

- ☐ No Contact Order
- ☐ Teacher Notification
- ☐ Counseling
- ☐ Workplace Adjustment
- ☐ Academic Adjustment
- ☐ Academic Withdrawal
- ☐ Safety Plan
- ☐ School Escort
- ☐ Medical Care
- ☐ Victim Advocate Outreach
- ☐ Assistance Reporting to Law Enforcement
- ☐ Legal Support Information
- ☐ Other:

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Accommodations:

☐ I request an interpreter Language: ______________________________

☐ I request accommodation(s) for a qualified disability

☐ I do not request accommodation(s) for a qualified disability

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Action Requested:

☐ No Action

☐ Informal Resolution

☐ Formal Investigation

☐ Meet with Compliance Officer

☐ Meet with Direct Supervisor of Respondent

☐ Other ____

Briefly describe the requested action or relief sought:

Signature: ______________________________ **Date:** ____________________

(Signature optional unless complaint is initiated by the District Compliance. Parent/guardian may sign on behalf of their child.)

Received By: ____________________________ **Date:** ____________________