

Bedford County Schools
Declaration of Complaint

1. Declarant Information

Date _____

Name _____

School _____

Grade _____

2. Name of person(s) involved in the incident against you;

Grade _____

Grade _____

Grade _____

3. When/Where did the incident take place: _____

4. Describe the incident (attach addition pages if necessary): _____

5. How did the complainant feel about the harassment at the time it occurred? _____

6. How did the complainant respond to the harassment?

7. List all witnesses with knowledge of the incident:

Grade _____

Grade _____

Grade _____

8. What outcome would you like to see for this situation?

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

Signature of Declarant

Date

Person receiving statement form: _____

Date