

**STILLWATER CENTRAL SCHOOL DISTRICT  
STUDENT INCIDENT COMPLAINT FORM  
(BULLYING, HARASSMENT and HAZING)**

Name of person making the complaint:

Student: \_\_\_\_\_ Employee \_\_\_\_\_ Other: \_\_\_\_\_ School or Department: \_\_\_\_\_

**Name(s) of Victims**

**Name(s) of Alleged Offenders**

**Statement of Complainant:** Describe your complaint – i.e. why you feel you have been discriminated against in as much detail as possible. Include names, dates, witnesses etc. Use additional the back of this paper if necessary.

**Solution Requested by Complainant:**

Signature of Complainant :

Date Submitted:

**Note: This form must be forwarded to a building administrator WITHIN 24 HOURS (one school day) of receipt.**