

**EUFAULA PUBLIC SCHOOLS
PROHIBITION OF HARASSMENT, INTIMIDATION, BULLYING**

Name Date Address
City State Zip code List the phone number where you may be
reached between the hours of and Phone

I wish to register a complaint against:

Name of Person School Site
Department, Program, Activity

Specify your complaint by stating the problem as you see it. Describe the incident, participants, background to the incident, and any attempts you have made to resolve the problem. Please note relevant dates, times and places.

Indicate if there are other people who could provide more information regarding your complaint:

Name Address Phone Number
Name Address Phone Number
Name Address Phone Number

Proposed Solution:: Indicate your opinion on how this problem might be resolved. Be as specific as possible.

I certify that there is no falsification of the above information.
Events are accurately depicted to the best of my knowledge.

Signature of Complainant

Date

Please return the original completed form to the school administrator. A copy of this form will be provided to the complainant.