

BULLYING & SEXUAL HARASSMENT COMPLAINT FORM JICK-R

COMPLAINT RELATES TO VIOLATION OF THE

- **Sexual Harassment and Sexual Violence Prevention Policy (GBAA)**
- **Pupil Safety and Violence Prevention Policy (JICK)**

Date of Filing _____ School _____

Name of Person Filing Complaint _____

Name of Investigator _____

Alleged Victim _____

Alleged Violator _____

Have the parent(s)/guardian(s) of alleged victim been contacted? ____ Yes ____ No
Via Telephone or in person? ○ Via First Class Mail? ○

If no, why or why not?
Waiver from Superintendent? __ Yes __ No.

Have the parent(s)/guardian(s) of alleged violator been contacted? ____ Yes ____ No
Via Telephone or in person? ○ Via First Class Mail? ○

If no, why or why not? Waiver from Superintendent? Yes __ No __

Time of Incident _____

Date of Incident _____

Place of Incident _____

Description of Incident or pattern (use additional paper if necessary) _____

Was this incident a violation of the Sexual Harassment and Sexual Violence Policy (GBAA)?

Yes No

Was this incident a violation of the Pupil Safety and Violence Prevention Policy (JICK)?

Yes No

Action taken by Administrator _____

If violation of Policy GBAA

Original: Title IX Coordinator

Copy to: Investigator/Information Manager

Building Administrator