Phoenix Union High School District #210
Student Incident Report / Complaint Form
Report it!

This form may be given to any School District employee who will forward it to the Principal or Dean.

Name_________________________________________  Student #___________________  Date_________

Please check the box for the violation* you are alleging has occurred. More than one box may be checked.

☐ Bullying
☐ Dating violence
☐ Discrimination
☐ Harassment
☐ Intimidation
☐ Sexual harassment
☐ Title IX (gender based/equal access)
☐ Other, please specify__________________________________________________________

I WISH TO COMPLAIN AGAINST:

Name of person(s)_________________________________________________________________

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to include all relevant dates, times, and places. Additional pages may be attached if necessary.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Date the incident occurred _______________________

If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

Name         Address                                Telephone Number
________________________________________________________________________________________________
________________________________________________________________________________________________

The projected solution: Indicate what you think can and should be done to solve the problem. Be as specific as possible.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

I certify that this information is correct to the best of my knowledge.

___________________________________________  _____________________
Signature of Student      Date

Signature of Complainant _________________________________________________________   Date _______________________

Document received by ____________________________________________________________  Date ________________________

Investigating official _____________________________________________________________   Date _______________________

*Please refer to the PUHSD Board Policy or the PUHSD Student Procedures Handbook for complete definitions.
ADAPTED FROM AN ARIZONA SCHOOL BOARDS ASSOCIATION FORM