GLENWOOD ACADEMY COMPLAINT FORM FOR BULLYING, HARASSMENT, CYBER-BULLYING

Please print:

Name_____
Date_____

I wish to register a complaint against: Name of person, (give department, program activity, etc.)
_____
_____
_____

Specify your complaint by stating the problem as you see it. Describe the incident, describe the participants, tell about the background of the incident, and any attempts you may have made to try to resolve the problem. Please write down any relevant dates, times and places.
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Name other people who could provide more information regarding your complaint:
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Proposed Solution:
Indicate your opinion on how this problem might be resolved. Be as specific as possible.

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I certify that there is no falsification or untrue information in what was written above, and that what is written is being truthful and complete to the best of my knowledge.

_____ _____
Signature of Complainant Date

*Please share this document with a member of Glenwood Academy's Administrative Team.