

Exhibit

HARASSMENT, INTIMIDATION, AND BULLYING

COMPLAINT FORM

Please complete each section of this form:

Date: _____ Your Name: _____

Name of Person(s): _____
(Who has harassed, intimidated or bullied)

Date(s) or Frequency of Incident: _____

Approx. Time(s) of the Day: _____

Place(s) Where Incident(s) Took Place: _____

Describe in Detail (What & How) the Incident(s) of Harassment, Intimidation, and Bullying took place:

(For office use only: send copy to principal and assistant superintendent)

1. Received Complaint Form: _____
Signature (Counselor/Administrator) (Date)

2. Incident Investigated: _____
Signature (Counselor/Administrator) (Date)

HARASSMENT, INTIMIDATION, AND BULLYING (exhibit continued)

(Attach Report)

HARASSMENT, INTIMIDATION, AND BULLYING (exhibit continued)

HARASSMENT, INTIMIDATION, AND BULLYING

CEASE AND DESIST ORDER

Date Issued: _____ Name of Person: _____
(Who has harassed, intimidated or bullied)

Date(s) or Frequency of Incident: _____

Approx. Time(s) of the Day: _____

Place(s) Where Incident(s) Took Place: _____

The above named person has been identified as a person who has harassed, intimidated or bullied another person. An investigation has been conducted to verify allegations that he/she harassed, intimidated or bullied another person no less than three (3) times during this school year.

The above named person is hereby warned by the administration to "cease and desist" from behaving in such an inappropriate manner. Failure to comply with this Order will result in suspension from school for up to five (5) days.

In addition, the above-named person is required to participate in a mediation conference.

(For office use only: send copy to principal and assistant superintendent)

1. Cease and Desist Form: _____
(sent by) Signature (Counselor/Administrator) (Date)

2. Copy sent to Parent/Guardian: _____
(Parent/Guardian Name) (Date)

(Address)

3. Participated in Mediation Conference: _____
Signature (Counselor/Administrator) (Date)