Athens City Schools Form for Reporting a Complaint of Bullying, Violence, Threats of Violence, Intimidation, or Cyberbullying

(Attach additional paper, if needed.)

When did this happen (over what time period if continuing or more than once) (include date(s) and time(s), if available):

(Attach additional paper, if needed.)

Identify the person(s) whose actions led to the filing of the complaint, and all witnesses or other persons having information that is relevant to the complaint.

(Attach additional	paper, if needed.)

OTHER INFORMATION:

- I believe the incident in question was motivated by the following characteristic(s) (Check All That Apply):
 - Race
 - Sex
 - ____Religion
 - ____National Origin
 - ____Disability
 - _____An imbalance of strength, power, or influence
 - ____Other personal characteristics
- The incident resulted in a threat of suicide by the victim: Yes No

Attach copies of documents or other evidence that is relevant to the complaint.

I affirm that to the best of my knowledge, the foregoing information is true, accurate, and complete.

Student :	Date:
Signature	
OR	
Parent/Guardian:	Date:
Signature	

Persons may refer to the Athens City Schools Jamari Terrell Williams Student Bullying Prevention Act Policy (which can be found in the Student Handbook and online at <u>www.acs-k12.org</u>) for more information. Please note that the submission of a complaint does not automatically substantiate that misconduct has occurred, and the school administration has the prerogative to investigate any allegations of wrongdoing.