

**CAPITAL REGION ESD 113 PROGRAM PARTICIPANT
REPORTING ALLEGED BULLYING, DISCRIMINATION, HARASSMENT OR INTIMIDATION**

Your Name: _____

Parent/Guardian Name: _____ Home Phone: _____

Home Address: _____ Other Phone: _____

THE FACTS: Please describe what happened in factual detail. Identify witnesses or others who were present. Please identify any person(s) you believe may be responsible. (Use additional paper if needed.)

If others are affected by the possible violation, provide their names and/or positions:

HISTORY: Describe any past incidents that you believe are related to this report:

SUGGESTED REMEDY: Describe any corrective action you wish to see taken regarding the possible violation. You may also provide other information relevant to this report.

Complainant Signature _____ Date _____

Signature of Person Receiving Report _____ Date _____

Submit to: ESD Program Administrator, Site Supervisor, or Compliance Officer