

**CESAR CHAVEZ COMMUNITY SCHOOL**  
*Harassment, Intimidation, Bullying, or Hazing Complaint Form*

**Student Information**

Name		ID#
Grade	Phone Number	Home Address

**Complaint Filed Against**

Name	Grade (or position if not a student)
Name	Grade (or position if not a student)

**Incident**

Date	Time
Location	
Is this the first time this has happened? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is this the first time you are reporting this? YES <input type="checkbox"/> NO <input type="checkbox"/>	

**Description- PROVIDE AS MUCH DETAIL AS POSSIBLE**

**Witnesses (if applicable)**

Name	Grade/position	Phone number
Name	Grade/position	Phone number
Name	Grade/position	Phone number

**CESAR CHAVEZ COMMUNITY SCHOOL**  
*Harassment, Intimidation, Bullying, or Hazing Complaint Form*

**Report Information**

Today's Date		
--------------	--	--

Did anyone help you fill out this form? YES  NO   
If yes, who

**Office Information**

Who received this complaint form?

Position

Date Received		
---------------	--	--