LAKE GEORGE CENTRAL SCHOOL DISTRICT

Bullying, Harassment or Intimidation

Complaint Form

DATE OF INCIDENT (or date of most recent incident):						
NAME:		GRADE:				
>		situation. Leave nothing out including names. Pleas h as printouts of texts, Facebook messages, etc. (Plea				

> Witness	ses (if any)	1		
		4		<u> </u>
> Who ha	ve you told	or who else kno	ws about this?	
> Is this the		this has happer	ned?	111
– If this is no	t the first ti	me, describe oth	er situations.	
S	IGNATUR	E	•	TODAY'S DATE
	TOD D		ATOD COMM	N/mc
ADMINIS I KA	ATOR or DA	<u>isa coordin</u>	ATOR COMME	<u>/N18</u> :

SIGNATURE DATE