

GALWAY CENTRAL SCHOOL DISTRICT
COMPLAINT ALLEGING BULLYING, HARASSMENT, AND HAZING

Name of person making the complaint _____

Student _____ Employee _____ Other _____

Statement of Complaint: Describe your complaint – i.e. why you feel you have been discriminated against, in as much detail as possible. Include names, dates, witnesses, etc. Use additional sheets if necessary.

Solution Requested by Complainant:

Signature _____ Date _____

Copies of this form may be obtained in elementary or high school office, nurse's office, bus garage or on the district website. Please return to one of the above offices.

PLEASE FORWARD TO JENNIFER HALL, DIRECTOR OF PUPIL SERVICES.