



PRAIRIE DU CHIEN AREA SCHOOL DISTRICT

To be completed by party wishing to report an incident. This report MUST be completed to file a complaint relating to an incident of alleged bullying/harassment and submitted to the District Administrator, District Principal, or School counselor.

Title IX prohibits retaliation against any individual who files a complaint under Title IX or participates in a complaint investigation. Disciplinary action will be taken against any student or staff member who engages in retaliation.

() Check here if you wish to remain anonymous. (see reverse side for definitions.)

Print Your Name _____ Grade _____

Check which of the following appropriately describes you:

- () I am the target of bullying/harassment.
- () I witnessed bullying/harassment.

Print Target's Name and Grade: _____

Print the Accused's Name and Grade: _____

When did the incident happen? (Date and time)

Describe the location where the incident took place:

Describe the incident:

List any other witness names and grades:

List evidence of bullying/harassment (notes, photos, etc.) Attach evidence if possible.

Signature of Person Completing this Form

Date

Person receiving complaint Form/Title

Date

This report will be followed up within 1 school day.
If you fear a student/staff member is in IMMEDIATE danger, please contact the Sheriff's Dept. immediately (608) 326-0241.

Investigation Results and Action Taken Attached

District Administrator/Principal:

*Prairie du Chien Area School District
800 E. Crawford Street
Prairie du Chien WI 53821
Phone: 608-326-3700
Fax: 608-326-0000*