

Jones County School District #37-3

P.O. Box 109 – 404 Jackson Ave.

Murdo, SD 57559

Phone 669-2258 Fax 669-2904

Complaint Report Form

Complainant Name: _____

Victim Name: _____

Accused Name: _____

School Site (or where incident took place): _____

Incident date: _____

Describe the location where the incident took place:

Describe the incident:

List all the witnesses' names and grades:

List evidence (letters, photos, etc.)

I agree all the information on this form is accurate and true to the best of my knowledge.

Signature of complainant

Date

Name of person receiving complaint

Date