

FANNETT-METAL  
SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

**252-AR. Report Form For Complaints of Dating Violence**

Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School Building: \_\_\_\_\_

Date(s) of Alleged Incident(s): \_\_\_\_\_

Name of person you believe violated the district's policy prohibiting dating violence:  
\_\_\_\_\_

If the alleged dating violence was directed against another person, identify the other person:  
\_\_\_\_\_

Describe the incident as clearly as possible, including what force, if any, was used; verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved. Attach additional pages if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where incident occurred: \_\_\_\_\_  
\_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_  
\_\_\_\_\_

This complaint is based on my honest belief that \_\_\_\_\_ committed dating violence against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date