




I have a Complaint





1. My Name  _____

2.  My address _____

3. Date of alleged incident

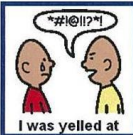
? what day did it happen






date


4. ? What happened?




I was yelled at



I was hit

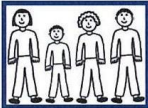



I was pushed




touched my private parts

..... Who?




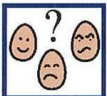



Staff?




Someone I live with?

5.  Name of witness _____
Did any one see it happen


6.  How did you feel when it happened?




sad



angry




scared

 signature _____

My signature

_____/_____/_____
date

 signature _____

Person who supported me

_____/_____/_____
date