

**COMPLAINT FORM  
NATIONAL PARLIAMENTARY DEBATE ASSOCIATION  
HARASSMENT AND VIOLENCE POLICY**

<b>DATE FORM WAS COMPLETED:</b>	
<b>COMPLAINANT'S NAME:</b>	
<input type="checkbox"/> <i>I wish to file this complaint but remain anonymous (check box if applicable)</i>	
<b>COMPLAINANT'S SCHOOL (IF ANY):</b>	
<b>COMPLAINANT'S PHONE NUMBER:</b>	<b>COMPLAINANT'S EMAIL:</b>
<b>ADDRESS FOR COMPLAINANT (OPTIONAL):</b>	
<small>UNDER NO CIRCUMSTANCES MAY A COMPLAINANT WHO FILES A COMPLAINT IN GOOD FAITH BE THREATENED OR RETALIATED AGAINST FOR AN ALLEGATION OF UNLAWFUL HARASSMENT OR DISCRIMINATION.</small>	

<b>DATE OF INCIDENT:</b>
<b>NAME OF INDIVIDUAL ABOUT WHOM COMPLAINT IS BEING MADE (IF KNOWN):</b>
<b>ROLE OF INDIVIDUAL IN NPDA EVENT (IF ANY):</b>
<b>INDIVIDUAL'S SCHOOL AFFILIATION (IF KNOWN):</b>
<b>LOCATION(S) WHERE INCIDENT(S) OCCURRED:</b>
<b>PLEASE BRIEFLY DESCRIBE THE FACTS LEADING TO THIS COMPLAINT:</b>
<input type="checkbox"/> <i>See more information attached (check box if applicable)</i>
<b>OUTCOME COMPLAINANT IS HOPING TO ACHIEVE:</b>
<input type="checkbox"/> <i>I wish to see this matter resolved Informally (check box if applicable)</i>
<b>SIGNATURE OF COMPLAINANT:</b> <input type="checkbox"/> <i>Anonymous Complaint (check box if applicable)</i>
<i>Date</i>