

ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of complainant: _____ Date: _____

Position of complainant: _____

Name of student or employee target: _____

Name of alleged harasser or bully: _____

Date and place of incident or incidents: _____

Nature of Discrimination or Harassment Alleged (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Physical Attribute | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Physical/Mental Ability | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Political Belief | <input type="checkbox"/> Socio-economic Background |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Political Party Preference | <input type="checkbox"/> Other - Please Specify: |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Race/Color | _____ |
| <input type="checkbox"/> National Origin/Ethnic
Background/Ancestry | <input type="checkbox"/> Religion/Creed | |

Description of misconduct: _____

Name of witnesses (if any): _____

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Evidence of harassment or bullying, i.e., letters, photos, etc. (attach evidence if possible): _____

Any other information: _____

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

Signature: _____ Date: _____

Assisting Staff Member Signature (if appropriate): _____