

DISPOSITION OF ANTI-BULLYING/HARASSMENT FORM

Name of complainant: _____

Name of student
or employee target: _____

Grade and building of
student or employee: _____

Name and position or grade of
Alleged perpetrator/respondent: _____

Date of initial complaint: _____

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 | |

Summary of investigation: _____

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

Signature: _____ Date: _____

Approved: 02-26-14
Grinnell-Newburg School District, Grinnell, IA