

ANTI-BULLYING/ HARASSMENT COMPLAINT FORM

Name of complainant: _____

Position of complainant: _____

Name of student or
employee target: _____

Date of complaint: _____

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

Description of misconduct: _____

Name of witnesses (if any): _____

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: ____ / ____ / ____