

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

|  |   |   |  |
|--|---|---|--|
| 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:  | / | / |  |