

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 and Discrimination or Harassment Alleged:

(Circle all that apply.)

- Age
- Disability
- Familial Status
- Gender Identity
- Marital Status
- National Origin/Ethnic Background/Ancestry
- Physical Attribute
- Physical or Mental Ability
- Political Belief or Party Preference
- Race/Color
- Religion/Creed
- Sex
- Sexual Orientation
- Socio-economic Background
- 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: _____