Code No. 104.E1

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)

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

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