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 |  | | | | | | | | |

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