Code No. 104.E3

DISPOSITION OF ANTI-BULLYING/HARASSMENT COMPLAINT FORM

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| Name of complainant: | | | | | | | | | |  | | | | | | | | | | | | |
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| Name of student or  employee target:: | | | | | | | | | |  | | | | | | | | | | | | |
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| Grade and building of  student or employee: | | | | | | | | | |  | | | | | | | | | | | | |
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| Name and position or grade of alleged perpetrator /respondent: | | | | | | | | | | | | |  | | | | | | | | | |
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| Date of initial complaint: | | | | | | | | | | | | |  | | | | | | | | | |
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| 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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| Summary of investigation: | | | | | | | | | |  | | | | | | | | | | |
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| I agree that all of the information on this form is accurate and true to the best of my knowledge. | | | | | | | | | | | | | | | | | | |
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| Signature: | | | | | | | |  | | | | | | | |
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| Date: | | | | | | | / / | | |