

ANTI_BULLYING?HARASSMENT COMPLAINT FORM

Name of complainant: _____

Position of complainant: _____

Name of Students 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"/> | Sex |
| <input type="checkbox"/> | Disability | <input type="checkbox"/> | Physical/Mental Ability | <input type="checkbox"/> | Sexual Orientation |
| <input type="checkbox"/> | Gender Identity | <input type="checkbox"/> | Political Belief | <input type="checkbox"/> | Socio-Economic Background |
| <input type="checkbox"/> | Marital Status | <input type="checkbox"/> | Religion/Creed | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | National Origin/Ethnic Background/Ancestry | <input type="checkbox"/> | Race/Color | | |
| <input type="checkbox"/> | Familial Status | <input type="checkbox"/> | Political Party Preference | | |

Description of misconduct: _____

Name of witnesses (if any): _____

Evidence of harassment or bullying, i.e., letters, photos, chats messages, text messages, emails, etc. (attach evidence if possible)

I agree that all information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

ANTI-BULLYING/HARASSMENT WITNESS DISCLOSURE FORM

Name or witness: _____

Position of witness: _____

Date of testimony, interview: _____

Description of incident witnessed: _____

Any other information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

DISPOSITION OF ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of complainant: _____

Name of Students or employee target: _____

Grade and building of student or employee: _____

Name and position or grade of alleged perpetrator/respondent: _____

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

Summary of investigation: _____

I agree that all information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____