

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)			
<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute
<input type="checkbox"/>		<input type="checkbox"/>	Sex

<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability
<input type="checkbox"/>		<input type="checkbox"/>	Sexual Orientation

<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief
<input type="checkbox"/>		<input type="checkbox"/>	Socio-economic Background

<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference
<input type="checkbox"/>		<input type="checkbox"/>	Other – Please Specify:

<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color
<input type="checkbox"/>		<input type="checkbox"/>	

<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed
<input type="checkbox"/>		<input type="checkbox"/>	

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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:	/ /	