

DISPOSITION OF ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of complainant:			
Name of student or employee target:			
Grade and building of student or employee:			
Name and position or grade of alleged perpetrator /respondent:			
Date of initial complaint:			
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"/>	

Summary of investigation:	

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