

Board Policy

Code No. 104.E3

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 and place of alleged incident(s): _____

Nature of discrimination, harassment, or bullying 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"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>	

Outcome of Investigation

If the Anti-Bullying/Harassment Law was violated, please check all of the reasons that apply below:

- Iowa Safe Schools Law was violated
 - Conduct places the student in reasonable fear of harm to the student’s person or property.
 - Conduct has a substantially detrimental effect on the student’s physical or mental health.
 - Conduct has the effect of substantially interfering with the student’s academic performance.
 - Conduct has the effect of substantially interfering with the student’s ability to participate in or benefit from the services, activities, or privileges provided by the school.
 - Conduct constitutes reprisal, retaliation or false accusation against a victim, witness or individual who has reliable information about an act of harassment or bullying.

If the Iowa Anti-Bullying/Harassment Law was not violated, please check the box indicating that another law, school policy, or rule was violated OR check the box indicating that no law, school policy, or rule was violated.

- Was NOT violated nor was any other law/school policy/rule violated.
- Was NOT violated, but another law/school policy/rule was violated (such as school code of conduct)

Please check all of the following consequences/remedial actions that apply

Student

- | | | |
|--|---|--|
| <input type="checkbox"/> Verbal warning | <input type="checkbox"/> Written warning | <input type="checkbox"/> Parent/Guardian notified |
| <input type="checkbox"/> Parent/guardian conference | <input type="checkbox"/> Signed agreement | <input type="checkbox"/> Support from Counselor (follow up) |
| <input type="checkbox"/> Restricted privileges | <input type="checkbox"/> Specialized seating assign | <input type="checkbox"/> Behavior Plan focused on bullying |
| <input type="checkbox"/> Detention (including Saturday school) | <input type="checkbox"/> Written warning | <input type="checkbox"/> Community service |
| <input type="checkbox"/> SRO Referral | <input type="checkbox"/> Law enforcement involved | <input type="checkbox"/> Student Conference with Administrator |
| <input type="checkbox"/> Referral to Internal Team | <input type="checkbox"/> No consequences warranted | |
| <input type="checkbox"/> Out of school suspension | Number of days _____ | |
| <input type="checkbox"/> In school suspension | Number of days _____ | |
| <input type="checkbox"/> Bus suspension | Number of days _____ | |

Summary of investigation: _____

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

Administrator/Counselor Signature: _____ Date: _____

Approved: February 17, 2015

Reapproved:

Revised: December 5, 2016