Board Policy

Code No. 104.E1

Anti-Bullying/Harassment Complaint Form

Date of complaint: _____

Name of Complainant: _____

Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else): _____

_____

Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)? _____

Date and place of alleged incident(s): _____

_____

_____

Names of any witnesses (if any): _____

Nature of discrimination, harassment, or bullying 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		

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

_____

_____

_____

_____

_____

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

Signature: _____ Date: _____

Approved: August 6, 2007 *Revised: January 11, 2010* *Reapproved: April 18, 2011*
February 17, 2015
December 5, 2016