

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"/>	
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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: _____