



Policy Title: Anti-Bullying/Anti-Harassment
Disposition of Complaint Form
Code 103.1-E3

Name of Person Filing Complaint (Complainant): \_\_\_\_\_

Relationship of Complainant to District: \_\_\_\_\_

Date of Initial Complaint: \_\_\_\_\_

Name of Alleged Victim: \_\_\_\_\_

Grade or Position and Building of Alleged Victim: \_\_\_\_\_

Date and Place of Alleged Incident: \_\_\_\_\_

Name and Grade/Position of Alleged Bully/Harasser: \_\_\_\_\_

Nature of alleged bullying/harassment (Check all that apply):

Table with 4 columns: Age, Color, Creed, National Origin, Race, Religion, Ancestry, Physical Attributes, Genetic Information, Physical/Mental Ability or Disability, Marital Status, Sex, Sexual Orientation, Gender Identity, Political Party Preference, Political Beliefs, Socioeconomic Status, Familial Status, Pregnancy, Military Status, and Other - Please specify below.

Summary of Investigation (Attach an additional sheet, if needed): \_\_\_\_\_

Five horizontal lines for providing a summary of investigation.

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

Signature of Equity Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_