



**Educational Objectives**

**Policy Title: Anti-Bullying/Harassment Complaint Form  
Code 104.1-E1**

Name of Complainant: \_\_\_\_\_

Position of Complainant: \_\_\_\_\_

Name of Student or Employee Target: \_\_\_\_\_

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

Name of Alleged Harasser or Bully: \_\_\_\_\_

Date and Place of Incident(s): \_\_\_\_\_

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 or Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socioeconomic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please specify below
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color		
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed		

Description of Misconduct: \_\_\_\_\_

\_\_\_\_\_

Name of Witness (if any): \_\_\_\_\_

\_\_\_\_\_

Evidence of Harassment or Bullying (Letters, photos, etc.) *Attach evidence if possible:*

\_\_\_\_\_

\_\_\_\_\_

Any Other Information: \_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_