



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):

Table with 4 columns: Attribute, Physical Attribute, Political Belief, and Sex. Rows include Disability, Familial Status, Gender Identity, Marital Status, National Origin/Ethnic Background/Ancestry, Physical or Mental Ability, Political Party Preference, Race/Color, Religion/Creed, Sexual Orientation, Socio-Economic Background, and Other - Please specify below.

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: _____