



**Educational Objectives**

**Policy Title: Disposition of Anti-Bullying/Harassment  
Code 104.1-E3**

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

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

Grade and Building of Student or Employee: \_\_\_\_\_

Name and Position or Grade of Alleged Perpetrator/Respondent: \_\_\_\_\_

\_\_\_\_\_

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

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"/>	Socio-Economic 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		

Summary of Investigation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_