

**Policy Series 100 – School District
Anti-Bullying and Anti-Harassment**



**Policy 103.1-E3
Anti-Bullying and Anti-Harassment Disposition of Complaint Form**

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):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Marital Status	Other – Please specify below:
<input type="checkbox"/>	Color	<input type="checkbox"/>	Sex	
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Sexual Orientation	
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Gender Identity	
<input type="checkbox"/>	Race	<input type="checkbox"/>	Political Party Preference	
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Political Beliefs	
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	Socioeconomic Status	
<input type="checkbox"/>	Physical Attributes	<input type="checkbox"/>	Familial Status	
<input type="checkbox"/>	Genetic Information	<input type="checkbox"/>	Pregnancy	
<input type="checkbox"/>	Physical/Mental Ability or Disability	<input type="checkbox"/>	Military Status	

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

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

Signature of Equity Coordinator: _____ **Date:** _____