

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



**Policy 103.1-E3  
Anti-Bullying/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):** \_\_\_\_\_

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

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