

ANTI-BULLYING/HARASSMENT COMPLAINT FORM

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 or incidents: \_\_\_\_\_

Nature of Discrimination or Harassment Alleged (Check all that apply)

- |   |                            |                           |
|---|----------------------------|---------------------------|
| Age   | Physical Attribute         | Sex                       |
| Disability                                  | Physical. Mental Ability   | Sexual Orientation        |
| Familial Status                             | Political belief           | Socio-economic Background |
| Gender Identity                             | Political Party Preference | Other-Please Specify      |
| Marital Status                              | Race/ Color                |                           |
| National Origin/Ethnic Background/ Ancestry | Religion/ Creed            |                           |

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

\_\_\_\_\_

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

Evidence of harassment or bullying i.e., letters, phones, etc (attach evidence if possible)

Any other information: \_\_\_\_\_

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

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

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