Code No. 104.E1

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 witnesses (if any): _____

_____

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

_____

_____

Any other information: _____

_____

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

Signature: _____

Date: ____/____/_____