

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 of 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"/>	Political Belief	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	Socio-economic Background/Status
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>	Other – Please specify
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Gender Identity		

Description of misconduct:

Name of witnesses (if any):

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

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: