

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)

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

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: _____