

ANTI BULLYING/HARASSMENT COMPLAINT FORM

Please complete the information requested below as fully as possible. If you need help, contact the District Investigator (576-1161)

Type of Complaint:

_____ **Sexual Harassment**

(Student to Student, Student to Adult, Adult to Student, Adult to Adult)

_____ **Racial Harassment**

(Student to Student, Student to Adult, Adult to Student, Adult to Adult)

_____ **Other...Age, Creed, Color, National**

Origin, Religion, Disability, Gender, Marital Status, Race, Sexual Orientation, Gender Identity, Physical Attributes, Ancestry, Political Party, Preferred Political Belief, Socioeconomic Status, Familial Status

_____ **General...Creating Hostile Environment**

(Student to Student, Student to Adult, Adult to Student, Adult to Adult)

Name : _____

Print Name

Telephone Number

Print Address

School Building

School Address

1. Name of person(s) responsible for causing alleged grievance (incident) is/are:

2. Please tell in the space below what happened [include **date, time, location, etc.**]. Attach additional page(s) if needed.

3. If there were witnesses, please list them below.

4. Please write below any additional information which you believe would be helpful to the District's Investigator. (Include your desired remedy(ies), if appropriate.) Attach additional page(s) if needed.

Signature

Date

Be advised that you have the right to contact the police or sheriff's office, the county attorney, a private attorney, or the local Human Rights Commission. The filing of this report does not deny you that opportunity.

You will receive a copy of this report and a copy of the Investigator's Report.

Copies to:
Complainant
Superintendent
File