

Complaint of Harassment/Bullying

Date of report: _____

Person making the complaint of harassment: _____

Complaint report completed by: _____

Alleged harasser's name(s): _____

Check type of harassment being reported:

- | | | |
|--|--|---|
| <input type="checkbox"/> Sexual harassment | <input type="checkbox"/> Race | <input type="checkbox"/> Color |
| <input type="checkbox"/> Religion | <input type="checkbox"/> National origin | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Threat of harm/bullying | <input type="checkbox"/> Age | <input type="checkbox"/> Disability |
| | | <input type="checkbox"/> Sexual orientation |

Other (explain) _____

When and where did this incident happen? Date: _____

Time: _____ Place: _____

What happened? (Include as many details as possible – attach additional pages if needed)

Were there any witnesses to the incident, or are there students/staff who may have information about this incident?

☐ No ☐ Yes *If yes, list name(s) _____

Did you do or say anything to respond to the harassment/bullying?

☐ No ☐ Yes *If yes, describe: _____

List any previous attempts to stop the harassment/bullying(date & what happened): _____

Do you think there will be more of this activity? ☐ No ☐ Yes *If yes, when and where might it happen _____

What would you like to see occur as a result of this report? _____

Has anyone contacted law enforcement about this incident? ☐ No ☐ Yes *If yes, give date, law enforcement agency and name of person who contacted the agency: _____

School official investigating report: _____ Date: _____

If student(s) are involved, parents MUST be contacted. This means parents of the student(s) being harassed and parents of the student(s) who is doing the harassment.

Signature of complainant:_____ (over)

School Official Conducting Investigation: _____

[illegible][illegible]

| Date | Person Contacted | Action Taken |
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