



Stevens Point Area Public School District Student Bullying/Discrimination/Harassment Complaint Form

Directions: Submit completed form to the building administrator

Complainant: _____

Home Address: _____

Home Phone: _____

Date of alleged incident: _____

Where did the alleged incident occur? _____

What time of day did the alleged incident occur? _____ am/pm

What type of discrimination/harassment occurred? (Indicate all that apply.)

- Sexual discrimination/harassment
- Racial discrimination/harassment
- Sexual orientation discrimination/harassment
- Creed discrimination/harassment
- National origin and ancestry discrimination/harassment
- Disability discrimination/harassment
- Marital or parental status discrimination/harassment
- Bullying

Name of the person you believe discriminated/harassed you or another person: _____

If the alleged discrimination/harassment was toward another person, identify that other person: _____

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.), what, if any, physical contact was involved. Attach additional pages as necessary.

What was your reaction to the discrimination/harassment? _____

Did anyone witness the discrimination/harassment?

- Yes If so, name the witnesses. _____
- No

Describe any prior incidents. _____

This complaint is based upon my honest belief that _____ discriminated/harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

(Complainant's signature)

(Date)

(Received by)

(Date)