

DISPOSITION OF COMPLAINT FORM
(Discrimination, Anti-Bullying, and Anti-Harassment)

Date: _____

Date of initial complaint: _____

Name of Complainant (include whether the
Complainant is a student or employee): _____

Date and place of alleged incident(s): _____

Name of Respondent (include whether the
Respondent is a student or employee): _____

Nature of discrimination, harassment, or bullying 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"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socioeconomic Background
<input type="checkbox"/>	National Origin/ Ancestry/Ethnic Background	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Religion/Creed
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	Other – Please Specify:

Summary of Investigation:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Approved: June 28, 2016Reviewed: March 24, 2020Revised: June 25, 2025