HARASSMENT AND/OR BULLYING COMPLAINT FORM

The purpose of this form is to report an incident of possible bullying, discrimination, and/or harassment so that the matter can be investigated and appropriate steps taken. This form can be used by district employees, parents and students. If there is an immediate threat or you fear a student is unsafe speak with the building principal or Dignity Act Coordinator immediately and then fill out the form.

Student Victim's N	Name:	Stude	Student ID:	
Grade:	Home School Dis	trict:	Building:	
Date of Incident:		Approximate time of incid	lent:	
Location of Incide	ent:			
C You Witnesse	d Incident	C Incident Reported to You		
If reported to you,	, who reported it?			
Description of inc	ident (be as specif	ic as possible about what was oc	curred. For example, if profanity	

was used state the actual profane words used, if a threat was made state what the aggressor said, etc.):

Names of the individuals accused of discrimination, harassment, or bullying:

Other possible victims:

Were there any witnesses to the incident and/or bystanders? CYes CNo

If yes, please list the witnesses and/or bystanders:

Which of the following best indicates the basis of the alleged bullying, harassment and/or discrimination? (Check all that apply):

The victim's actual or perceived:

- □ Color □ Disability □ Ethnic group □ Gender □ Gender identity □ National origin □ Race □ Religion □ Religious practice □ Sex □ Sexual orientation □ Weight (if other please describe) □ Other Which of the following best describes where the incident occurred? (Check all that apply): \Box On school property
 - $\hfill\square$ At a school sponsored function off school grounds
 - □ Cyberspace

Which of the following best indicate the type of incident which occurred? (Check all that apply):

- $\hfill\square$ Intimidation of abuse, but no verbal threat or physical contact
- $\hfill\square$ Verbal threat but no physical contact
- □ Physical contact but no verbal threat
- □ Both verbal threat and physical contact

To your knowledge, who was involved in the incident?

	Involved only student offenders	
	Involved only employee offenders	
	Involved both student and employee offenders	
What i	s your relationship to the student?	
	Parent	
	Peer	
	Staff Member	
	Self/Student	
	Teacher	
	Other	(if other please describe)

I certify that all statement made on this form are accurate and true to the best of my knowledge:

Print Name

Signature

Date

** Return this form to the building principal and/or Dignity Act Coordinator **