

STUDENT DISCRIMINATION, HARASSMENT OR BULLYING
COMPLAINT FORM

Please complete the following as fully as possible. If you need assistance, contact the compliance officer.

Note: If this is an allegation that a District employee or volunteer has sexually abused or harassed a student, please use the procedures and forms under Code 507.10 instead.

Date of Complaint: _____

Name of Student: _____

Building and Grade of Student: _____

Home Address: _____

Home Telephone: _____

Name of Complainant: _____

Relationship to Student: _____

Home Address of Complainant: _____

Telephone of Complainant: _____

Email Address of Complainant _____

Name and Position of Alleged Perpetrator: _____

Discrimination/Harassment Alleged

- | | |
|--|-----------------------------|
| _____ Race, Color | _____ Marital Status |
| _____ Familial Status | _____ Sex |
| _____ Sexual Orientation | _____ Gender Identity |
| _____ Religion, Creed | _____ Disability or Ability |
| _____ National Origin/Ethnic Background/
Ancestry | |
| _____ Political Preference | _____ Physical Attribute |
| _____ Socio-Economic background | _____ Other _____ |

Statement of Discrimination or Harassment Alleged: (Include dates, places and persons involved or incidents, if known. List any witnesses, their positions or grades and addresses and telephone numbers. Attach any pertinent written documents. Describe any actions you took in response to the incidents.)

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

Signature: _____

Name Printed: _____

Date: _____

Date of Last Review: October 14, 2019

Form Revised: December 14, 2015