

DISPOSITION OF ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of complainant: _____

Name of student or
employee target:: _____Grade and building of
student or employee: _____Name and position or grade of alleged
perpetrator /respondent: _____

Date of initial complaint: _____

Nature of discrimination or harassment alleged (Check all that apply)

	Age		Physical Attribute		Sex
	Disability		Physical/Mental Ability		Sexual Orientation
	Familial Status		Political Belief		Socio-economic Background
	Gender Identity		Political Party Preference		Other – Please Specify:
	Marital Status		Race/Color		
	National Origin/Ethnic Background/Ancestry		Religion/Creed		

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: ____ / ____ / ____