

104.1E1 ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Date of Complaint:	
Name of Complainant:	
Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else):	
Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else):	
Date and place of alleged incident(s):	
Name of any witnesses (if any):	

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attached additional pages if necessary.

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

Signature: _____ Date: _____

104.1E2 ANTI-BULLYING/HARASSMENT WITNESS DISCLOSURE FORM

Name of Witness:	
Date of Interview:	
Date of Initial Complaint:	
Name of Complainant (include whether the Complainant is a student or employee):	
Date and Place of alleged incident(s):	

Description of incidents witnessed:

Additional information:

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

Signature: _____ Date: _____

104.1E3 ANTI-BULLYING/HARRASSMENT DISPOSITION COMPLAINT FORM

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 Respondent is a student or employee):	

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: _____