



104 E1 Anti-Bullying Harassment Complaint Form

104 E1 COMPLAINT FORM
(Discrimination, Anti-Bullying, and Anti-Harassment)

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): _____

Names of any witnesses (if any):

Nature of discrimination, harassment, or bullying 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

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 attach 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: _____

Date Board Adopted: 11-19-2007

Date Board Reviewed and Updated 11/16/2015

