

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)

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

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: ____ / ____ / ____