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104.E1 Anti-Bullying/Harassment Complaint Form

Code No. 104.E1

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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.

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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: December 20, 2016

Date Board Updated/Reviewed: November 29, 2016

(To view and print complete form - see attached document)

Uploaded Files:

 [d_104.e1_new.pdf](#)

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