

# BULLYING, DISCRIMINATION, & HARASSMENT COMPLAINT

Reporter (can be completed as anonymous)		
Last Name (print):	First Name (print):	Date:
Alleged Complainant		
Last Name (print):	First Name (print):	Grade (if student)/Title:
Age:	Race:	Sex:
Alleged Respondent		
Last Name (print):	First Name (print):	Grade (if student)/Title:
Age:	Race:	Sex:
Alleged Respondent		
Last Name (print):	First Name (print):	Grade (if student)/Title:
Age:	Race:	Sex:

Most recent incident:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Please describe the incident in as much detail as possible:

Witnesses: \_\_\_\_\_

Signature of reporter (ignore if completing anonymously):

\_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Title: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_