STUDENT BULLYING AND HARASSMENT COMPLAINT FORM

The purpose of this form is to inform the district of an incident or series of incidents of bullying or harassment so we can investigate and take appropriate steps.

The district prohibits bullying and harassment of students on the basis of actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sex, sexual orientation, and gender identity or gender expression.

If the student feels unsafe at school, fill out this form, but we urge you to speak directly with _________ by either visiting room _____ or calling _________ as soon as possible so we can address your concerns.

Student Name: _______________________________    Student ID: _________________________

Grade: __________    School: __________________________________________________________

Contact information: _________________________________________________________________

1. List the name(s) of the individual(s) accused of bullying and/or harassment (use additional sheets if necessary).
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. Describe the incident(s). Please include when and where it happened. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

3. I believe the harassment is based on my (check all that apply):

   ___ race      ___ ethnic group      ___ sex
   ___ color     ___ religion         ___ sexual orientation
   ___ weight    ___ religious practice ___ gender identity or expression
   ___ national origin ___ disability ___ other: __________________________

4. Is the harassment continuing? ___ Yes  ___ No

5. Please list the name (if known) of anyone who witnessed the incident or may have information related to your complaint.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

The following question is optional, but may help the district's investigation.

6. Have you previously complained about or provided information (verbal or written) about bullying, harassment or discrimination or related incidents to the district? ___ Yes    ___ No

If yes, when and to whom did you complain or provide information?
7. If you have retained legal counsel and would like us to work with them, please provide their contact information.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I certify that all statements on this form are accurate and true to the best of my knowledge.

Name __________________________________________ Relationship to student ____________

Signature ___________________________ Date _____________

Preferred contact method (please select one): phone, email, mail, in person

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).

Return this form to: (insert applicable name and address of school staff)

Note on confidentiality:
In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.

Adoption date: June 4, 2020