

HARASSMENT AND/OR BULLYING COMPLAINT FORM

The purpose of this form is to report an incident of possible bullying, discrimination, and/or harassment so that the matter can be investigated and appropriate steps taken. This form can be used by district employees, parents and students. **If there is an immediate threat or you fear a student is unsafe speak with the building principal or Dignity Act Coordinator immediately and then fill out the form.**

Student Victim's Name: _____

Date of incident: _____ Approximate time of incident: _____

Location of Incident: _____

Did you witness the incident or was the incident reported to you? _____

If reported to you, who reported it? _____

Description of incident (Be as specific as possible about what was occurred. Please provide the names of those involved in the incident. For example, if profanity was used state the actual profane words used, if a threat was made state what the aggressor said, etc.):

I certify that all statement made on this form are accurate and true to the best of my knowledge:

Print Name

Signature

Date

Return this form to the building principal and/or Dignity Act Coordinator. This form can be emailed.

This form will be kept confidential to the best of the District's ability. Its contents will only be disclosed to those persons who have a need and/or right to know the information it contains.