ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of complainant: ____________________________________________

Position of complainant: ________________________________________

Name of student or employee target: ________________________________

Date of complaint: ________________________________

Name of alleged harasser or bully: ________________________________

Date and place of incident or incidents: ____________________________

Nature of Discrimination or Harassment Alleged (Check all that apply)

<table>
<thead>
<tr>
<th>Age</th>
<th>Disability</th>
<th>Familial Status</th>
<th>Gender Identity</th>
<th>Marital Status</th>
<th>National Origin/Ethnic Background</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physical Attribute</td>
<td>Physical/Mental Ability</td>
<td>Political Belief</td>
<td>Political Party Preference</td>
<td>Race/Color</td>
</tr>
<tr>
<td></td>
<td>Sex</td>
<td>Sexual Orientation</td>
<td>Socio-economic Background</td>
<td>Other – Please Specify:</td>
<td>Religion/Creed</td>
</tr>
</tbody>
</table>

Description of misconduct: ______________________________________

Name of witnesses (if any): ______________________________________

Evidence of harassment or bullying, i.e., letters, photos, etc. (attach evidence if possible):

Any other information: __________________________________________

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: __________________________

Date: _______ / _______ / _______