

**STUDENT DISCRIMINATION,
HARASSMENT OR BULLYING COMPLAINT FORM**

Please complete the following as fully as possible. If you need assistance, contact the compliance officer.

Date of Complaint: _____

Name of Complainant: _____

Home Address of Complainant: _____

Home Telephone of Complainant:(_____)_____

Email Address of Complainant _____

Name of Student: _____

Grade and Building of Student: _____

Name and Position or Grade of Alleged Perpetrator: _____

Discrimination or Harassment Alleged:

____ Race, Color

____ Marital Status

____ Familial Status

____ Sex

____ Gender Identity

____ Physical Attribute

____ Religion, Creed

____ National Origin/Ethnic Background/Ancestry

____ Age

____ Physical or Mental Ability or Disability

____ Political Belief/Political Party Preference

____ Sexual Orientation

____ Socio-economic background

____ Other -- Specify: _____

Statement of Discrimination or Harassment: (Include dates, places and persons involved in incidents, if known. List any witnesses, their position and addresses and telephone numbers. Attach any pertinent written documents. Describe any actions you took in response to the incidents.)

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

Signature: _____

Name Printed: _____

Date: _____

Form Revised: March 11, 2009