COMPLAINT FORM
(Discrimination, Anti-Bullying, and Anti-Harassment)

Date of Complaint:	
Name of Complainant:	
Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else)?	
Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)?	
Date and place of alleged incident(s):	
Name of any witnesses (if any):	

Name of discrimination, harassment, or bullying alleged (check all that apply):

	Age		Physical Attribute		Sex
	Disability		Physical/Mental Ability		Sexual Orientation
	Familial State		Political Belief		Socio-economic Background
	Gender Identity		Political Party Preference		Other - Please Specify:
	Marital Status		Race/Color		
	National Origin/Ethnic Background/Ancestry		Region/Creed		

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

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

_____ _____

Signature Date

REVIEWED AND APPROVED: 12/14/2020

WITNESS DISCLOSURE FORM

NAME OF WITNESS:	
DATE OF INTERVIEW:	
DATE OF INITIAL COMPLAINT:	
NAME OF COMPLAINANT (include whether the Complainant is a student or employee)	____STUDENT ____EMPLOYEE
DATE AND PLACE OF ALLEGED INCIDENT(S):	

Name of discrimination, harassment, or bullying alleged (check all that apply):

	Age		Physical Attribute		Sex
	Disability		Physical/Mental Ability		Sexual Orientation
	Familial State		Political Belief		Socio-economic Background
	Gender Identity		Political Party Preference		Other - Please Specify:
	Marital Status		Race/Color		
	National Origin/Ethnic Background/Ancestry		Region/Creed		

Description of incident witnessed:

Additional information:

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

_____ _____

Signature Date

REVIEWED AND APPROVED: 12/14/2020

DISPOSITION OF COMPLAINT FORM

DATE:	
DATE OF INITIAL COMPLAINT:	
NAME OF COMPLAINANT (include whether the Complainant is a student or employee)	____STUDENT ____EMPLOYEE
DATE AND PLACE OF ALLEGED INCIDENT(S):	
NAME OF RESPONDENT (include whether the Respondent is a student or employee):	____STUDENT ____EMPLOYEE

Name of discrimination, harassment, or bullying alleged (check all that apply):

	Age		Physical Attribute		Sex
	Disability		Physical/Mental Ability		Sexual Orientation
	Familial State		Political Belief		Socio-economic Background
	Gender Identity		Political Party Preference		Other - Please Specify:
	Marital Status		Race/Color		
	National Origin/Ethnic Background/Ancestry		Region/Creed		

Summary of Investigation:

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

_____ _____

Signature Date

REVIEWED AND APPROVED: 12/14/2020