



() Required
 () Local
 () Notice

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. 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.

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.

Complaint Forms should be turned in directly to the Principal or to a trusted district staff member for submission to the approved Title IX Coordinator.

Students who feel unsafe at school should fill out this form, and are urged to speak directly with their Principal or other district employee with whom they feel safe talking to. Staff who believe a student is being subjected to sexual harassment or bullying should fill out this form and return it to their building Principal or to the approved Title IX Coordinator.

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):

<input type="checkbox"/> race	<input type="checkbox"/> ethnic group	<input type="checkbox"/> sex
<input type="checkbox"/> color	<input type="checkbox"/> religion	<input type="checkbox"/> sexual orientation
<input type="checkbox"/> weight	<input type="checkbox"/> religious practice	<input type="checkbox"/> gender identity or expression
<input type="checkbox"/> national origin	<input type="checkbox"/> disability	<input type="checkbox"/> 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.

_____	_____
_____	_____
_____	_____

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 the Building Principal or or to a trusted district staff member for submission to the approved Title IX Coordinator.

Adoption date: September 1, 2020

Annual Review & Re-adoption date: July 1, 2021

Annual Review & Re-adoption date: July 5, 2022