402.13 Form Harassment and Bullying Complaint Form

Harassment/Bullying Complaint Form

Your Name: ____________________________________________

Your Position (student, teacher, etc.): _______________________

Date of Complaint: _______________________________________

Name of Alleged Harasser/Bully: _____________________________

Date(s) and Place(s) of Incident or Incidents: _______________________

Description of Misconduct/Incident (Include what was said/done by those present, how you felt, etc.):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Name of Witnesses (if any): _________________________________

____________________________________________________________________________________

Evidence of Harassment/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: ____________________________

Witness Disclosure Form

Name of Witness: _________________________________________

Position of Witness: _______________________________________

Date of Testimony, Interview: _______________________________

Description of Instance Witnessed: __________________________

____________________________________________________________________________________

____________________________________________________________________________________

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

Signature: ___________________________ Date: ______________________

Summary of Disposition of Harassment/Bullying Complaint

Name of Complainant: ________________________________
Position of Complainant: ________________________________
Name of Position of Alleged Harasser/Bully: ________________________________
Name of Investigator: ________________________________
Date of Initial Complaint: ________________________________
Summary of Investigation: ____________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Conclusion: Founded ______ Unfounded ______ Inconclusive ______
Investigator’s Signature: ____________________________________________

Copies to:
Complainant
Alleged Harasser
Superintendent