

School District

Series 100

Policy Title: Harassment Disposition of Complaint Form

Code No. 104-E3

Date: _____

Date of Initial Complaint: _____

Name of Complainant
(include whether the
Complainant is a student or
employee): _____

Date and Place of Alleged
Incident(s): _____

Name of Respondent
(include whether the
Respondent is a student or
employee): _____

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

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>	

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: _____

Adopted: October 17, 2016
Reviewed: April 16, 2018

Amended: