

STUDENT PERSONNEL

Series 500

Code No.: 104E1 Discrimination, Harassment, and Bullying Complaint Form

Name of Complainant (Last), (First), (Middle)

Position of Complainant

Date of Complaint

Name of Alleged Harasser (Last), (First), (Middle)

Date and place of incident or incidents:

Description of misconduct:

Name of witnesses (if any):

Evidence of harassment, 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

