

DISPOSITION OF ANTI-BULLYING HARASSMENT COMPLAINT FORM

Name of complainant:

Name of student or
employee target::Grade and building of
student or employee:Name and position or grade of
alleged perpetrator /respondent:

Date of initial complaint:

Nature of Discrimination or Harassment 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 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"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/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: /

RIVERSIDE COMMUNITY SCHOOLS BOARD OF DIRECTORS