

# HARASSMENT/BULLYING COMPLAINT REPORT

## Confidential Form

Name of Complainant: \_\_\_\_\_

Position/Grade Level of Complainant: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

Name of alleged harasser: \_\_\_\_\_

Date and place of incident or incidents: \_\_\_\_\_

\_\_\_\_\_

Description of behavior: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of witnesses: \_\_\_\_\_

\_\_\_\_\_

Evidence of harassment/bullying, i.e., letters, photos (attach if possible): \_\_\_\_\_

\_\_\_\_\_

Any other relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Member Assisting with Report: \_\_\_\_\_

### COMPLETED BY STAFF

New:  Yes  No

Action Taken by: \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Follow-up/Recommendation (if necessary)

\_\_\_\_\_

\_\_\_\_\_