

WEST DELAWARE COUNTY COMMUNITY SCHOOL DISTRICT

Anti-Bullying/Harassment Complaint Form

Code 107.E1

Name of person making this report: _____

Position of person making this report: _____

Name of student or
employee target: _____

Date of complaint: _____

Name of alleged harasser or bully: _____

Date and place of incident
or incidents: _____

Nature of Discrimination or Harassment Alleged (Check all that apply)

<input type="checkbox"/>	Age	<input type="checkbox"/>	Color	<input type="checkbox"/>	Race
<input type="checkbox"/>	Creed	<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Ancestry
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Sex	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Physical Attributes	<input type="checkbox"/>	Physical/Mental Abilities
<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Socioeconomic Status
<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Other

Description of misconduct: _____

Name of witnesses (if any): _____

Evidence of harassment or 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: _____

Date adopted: October 9, 1995

Date reviewed: November 17, 1997; November 16, 2010; January 14, 2013

Date revised: May 8, 2006; May 14, 2007; August 13, 2007; October 11, 2010;
December 10, 2012