

EAST ALLEN COUNTY SCHOOLS
Report Form for Complaints of Harassment/Bullying/Discrimination

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|---|-----------------------------|
| Student/ Staff Name <input type="checkbox"/> Alleged Victim <input type="checkbox"/> Bystander | |
| Home Address: | |
| Home Telephone Number: | Alternate Telephone Number: |
| School Building: | Person Completing Form: |
| Name of alleged offender (s): | |

| | |
|--------------------------------|---|
| Select One Area | <input type="checkbox"/> Alleged harassment was based on (check those that apply): <input type="checkbox"/> Verbal conduct (slurs, jokes, etc.) <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Other <input type="checkbox"/> Physical Conduct (touching) <input type="checkbox"/> Display of objects, pictures or photographs |
| | <input type="checkbox"/> Alleged bullying was based on (check those that apply): <input type="checkbox"/> Physical contact/Assaulting <input type="checkbox"/> Humiliating/Demeaning / Victim Jokes <input type="checkbox"/> Intimidating/Extorting/Exploiting <input type="checkbox"/> Getting another person to bully <input type="checkbox"/> Rude and/or Threatening Gestures <input type="checkbox"/> Spreading Harmful Rumors <input type="checkbox"/> Teasing/ Name-Calling/Ridiculing <input type="checkbox"/> Excluding/Isolating/Rejecting <input type="checkbox"/> Threatening <input type="checkbox"/> Cyberbullying <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Alleged discrimination was based on (check those that apply): <input type="checkbox"/> Race <input type="checkbox"/> Ancestry <input type="checkbox"/> National Origin <input type="checkbox"/> Gender <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Sexual Preference |

Relationship to alleged offender(s):

Time frame in which incidents occurred: _____ Where incidents most often occurred: _____

Describe incidents and ongoing behavior which contributed to bullying (give all details):

Use back of form if needed

List any witnesses who were present: _____

Use back of form if needed

Did a physical injury result from this incident? No Yes, explain: _____

Was the student/ staff victim absent from school/ work as a result of the incident? No Yes, how many days? _____

This complaint is based on my honest belief that _____ has harassed/discriminated against/bullied me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature: _____ Date: _____

Received By (please print): _____ Date: _____