

**BULLYING, HARASSMENT AND/OR DISCRIMINATION COMPLAINT FORM**

The purpose of this form is to inform the District of an incident or series of incidents of bullying, harassment and/or discrimination so we can investigate and take appropriate steps. If you feel unsafe, or if your child feels that way, fill out this form, but we urge you to speak directly with your school’s Dignity Act Coordinator by visiting the main office or calling as soon as possible so we can address your concerns.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_

Describe the incident(s). Please include when and where it happened.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the name(s) of the individual(s) accused of bullying, harassment and/or discrimination.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses? \_\_\_Yes \_\_\_No If yes, please list the names of the individual(s).

\_\_\_\_\_  
\_\_\_\_\_

*I certify that all statements on this form are accurate and true to the best of my knowledge.*

\_\_\_\_\_  
Signature Date

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.) Return this form to: *Building Dignity Act Coordinator (DAC)*

Note on confidentiality:

In order to investigate the complaint, the District will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.