

COMPLAINT FORM
(Anti-Bullying, and Anti-Harassment)

Date of complaint:	_____
Name of Complainant:	_____ _____
Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else):	_____ _____ _____
Who or what entity do you believe harassed or bullied you (or someone else)?	_____ _____ _____
Date and place of alleged incident(s):	_____ _____ _____
Names of any witnesses (if any):	_____ _____ _____

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

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

Signature: _____ Date: _____

Revised: 08/11/2025

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