

DISPOSITION OF COMPLAINT FORM(Harassment or Bullying)

Date:	_____
Date of initial complaint:	_____
Name of Complainant (include whether the Complainant is a student or employee):	_____

Date and place of alleged incident(s):	_____

Name of Respondent (include whether the Respondent is a student or employee):	_____

Summary of Investigation: _____

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

Signature: _____

Date: _____

Reviewed: 08/11/2025

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