

COMPLAINANT HARASSMENT, BULLYING, AND DISCRIMINATION INCIDENT REPORT

COMPLAINANT / REPORTER					
NAME OF COMPLAINANT / REPORTER:			TODAY'S DATE:		
CHECK ONE: [] Student [] Staff	f []Parent / Guardian []Other				
TARCET					
TARGET GUERVONE [] Student [tudont [] Stoff	
NAME OF TARGET:			CHECK ONE: [] Student [] Staff GRADE: GENDER: [] Female [] Male		
BUILDING / SCHOOL:			GRADE: GEI	NDER: [] Fellidie [] Maie	
OFFENDER					
NAME OF ALLEGED OFFENDER:			снеск оме: [] Student [] Staff		
BUILDING / SCHOOL:			GRADE:		
INCIDENT INFORMATION					
PLACE OF INCIDENT:			DATE OF INCIDENT:		
TYPE OF BULLYING / HARASSMENT:	CATEGORY OF BULLYING / HARASSMENT (choose all t	hat apply):	DATE OF INCIDENT.		
[] VERBAL ASSAULT	[]AGE	[] ANG	CESTRY	[]COLOR	
[] PHYSICAL ASSAULT	[]CREED	[]FAN	IILIAL STATUS	[] GENDER IDENTITY	
[]CYBER	[] MARITAL STATUS	[]	TIONAL ORIGIN	[] PHYSICAL ATTRIBUTES	
[] WRITTEN	[] PHYSICAL OR MENTAL ABILITY OR DISABILITY	[] POL	LITICAL BELIEFS	[] POLITICAL PARTY REFERENCE	
[]INDIRECT	[]RACE	[]REL	IGION	[] SEX	
[]INTIMIDATION	[] SEXUAL ORIENTATION	[]soc	CIOECONOMIC STATUS	G [] OTHER	
[]EMOTIONAL	If other, please specify:				
[]OTHER					
DESCRIPTION OF INCIDENT:					
NAME(S) OF WITNESS(ES):					
EVIDENCE OF THE INCIDENT (i.e., emails	s, text messages, letters, photos, etc $-$ please attach if pos	sible):			
ADDITIONAL COMMENTS OR INFORMAT	ION:				
PLEASE SIGN BELOW					
I agree that all of the information	on on this form is accurate and true to the be	st of my l	knowledge.		
COMPLAINANT / REPORTER SIGNATURE					

COMPLAINANT FORM INSTRUCTIONS

Please do not assume the complainant is able to complete this form independently and give assistance as needed

NAME OF COMPLAINANT/REPORTER - the name of the person making the allegation of bullying/harassment. This could be the victim, a witness, a teacher, a parent, etc. Indicate which in the boxes provided.

NAME OF TARGET - this is the name of the victim of the alleged incident. Indicate the gender, grade, building and whether the victim is a student or staff member.

NAME OF ALLEGED OFFENDER - this is the person (or people) who are accused of bullying/harassing behavior. Indicate the grade, building, and whether the offender is student or staff.

DATE OF INCIDENT - this is the date the behavior occurred. It may be different than the date the form is completed.

PLACE OF INCIDENT - place where the bullying/harassment happened. Be specific. This could be a specific area of the school or outside of school.

TYPE OF BULLYING/HARASSMENT - indicate what form the behavior took. Please refer to the document "Types of Bullying" for definitions. More than one type may be selected.

CATEGORY OF BULLYING/HARASSMENT - these 17 categories are protected by lowa law and need to be identified in any incident of bullying/harassment. Refer to the "Categories of Harassment" document for definitions. More than one area may be selected.

DESCRIPTION OF INCIDENT - provide as much detail about the incident as possible. Include any injury or damage.

EVIDENCE OF THE INCIDENT - include documentation that may be helpful in the investigation. This could include printouts of email, Facebook messages, pictures, etc.

ADDITIONAL COMMENTS - include any other information that would be helpful in investigating or understanding this incident.

SIGNATURE - forms will not be investigated without containing a signature.