## **Instructions**

- 1. Download form.
- 2. Fill in as much information as possible.
- 3. Save form.
- 4. Click "Email Form" button to send.

## **Email Form**



## Student Formal Harassment/Discrimination Complaint Form

COMPLAINANT INFORMATION	
Reporting person (optional):	
Your phone number (optional):	Today's date:
Name of school adult you've already contacted (if any) _	
School Site (if applicable):	
INCIDENT INFORMATION	
Name of Alleged Perpetrator	Title
When did the alleged incident(s) occur?	
Where did the alleged incident(s) occur?	
WITNESS INFORMATION	
List any witness(es) who may have seen or who may know s	something about the alleged incident:
Are you aware of others who may be subject to alleged behaves No	avior by the individual against whom this complaint is made?
If so, who?	

Is this sexual harassment? Yes No
Is the sexual harassment severe, persistent, or pervasive? Yes No
Does the sexual harassment affect the student's education? Yes No
Does the sexual harassment create a hostile or abusive educational environment? Yes \( \bigcup \) No
Identify the specific behavior, comment or conduct that led you to believe you were bullied/intimidated, harassed or discriminated against. Include dates, times, places, witnesses (names, addresses, phone numbers) and other specific information relating to the occurrence(s). Also include such things as whether any force was used, as well as what, if any, verbal or non-verbal gestures were made (i.e., threats, requests, demands, etc.). You may use additional sheets if necessary.
CERTIFICATION
I hereby certify that the information in this complaint is true, correct and complete to the best of my knowledge.
Complainant's Signature Date Filed
Received Rv Date Received