

STILLWATER CSD BULLYING, HARASSMENT AND/OR DISCRIMINATION COMPLAINT FORM

Name of person making the complaint:

Student:____ Parent:____ Employee:____ Other:____ School:_____

Name of Student: _____ Date of Incident: _____

Name of Alleged Offender(s): _____

Approximate Time of Incident: _____ Location of Incident: _____

Did you witness the incident or was it reported to you? _____

Were there any witnesses to the incident and if so, who are they? _____

Which of the following best indicates the basis of the alleged bullying, harassment and/or discrimination? (Check all that apply):

The victim's actual or perceived:

- Race
- Color
- Weight
- National origin
- Ethnic group
- Religion
- Religious practice
- Disability
- Sexual orientation
- Gender
- Gender Identity/expression, pronouns
- Hairstyle
- Sex
- Other, _____ (If other please describe)

Which of the following best describes where the incident occurred? (Check all that apply)

- On school property
- At a school sponsored function off school grounds
- Cyberspace

Which of the following best indicate the type of incident which occurred? (Check all that apply)

- Intimidation of abuse, but no verbal threat or physical contact
- Verbal threat but no physical contact
- Physical contact but no verbal threat
- Both verbal threat and physical contact

Statement of Complainant: Describe your complaint – Be specific as possible including names, what was actually said and done by all parties. Use additional paper if necessary.

Solution Requested by Complainant:

I certify that all statement made on this form are accurate and true to the best of my knowledge:

Signature of Complainant :

Date Submitted:

Note: This form must be forwarded to a building administrator or DASA Coordinator WITHIN 24 HOURS (one school day) of an incident so a timely investigation can commence.