

502.1 Anti-Bullying / Anti-Harassment Complaint Form

ANTI-BULLYING / ANTI-HARASSMENT COMPLAINT FORM

Name of complainant:

Position of complainant:

Date of complaint:

Name of alleged harasser or bully:

Date and place of incident or incidents:

Description of incident or incidents:

Name of witnesses (if any):

Evidence of harassment or bullying, i.e., letters, photos, etc. (attach evidence if possible):

Any other information:

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

Signature:

Date: / /