

**NORWALK COMMUNITY SCHOOL DISTRICT BOARD POLICY EXHIBIT
School District**

EXHIBIT TITLE: ANTI-BULLYING/ANTI-HARASSMENT COMPLAINT FORM

NORWALK COMMUNITY SCHOOL DISTRICT
COMPLAINT FORM
(Discrimination, Anti-Bullying, and Anti-Harassment)

Date of complaint:	
Name of Complainant:	
Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else):	
Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)?	
Date and place of alleged incident(s):	
Names of any witnesses (if any):	

Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	National Origin/Ethnic Background/ Ancestry	<input type="checkbox"/>	Race/Color
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Religion/Creed
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Other – Please Specify:				

In the space below, and back of this sheet, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

Retaliation against any person because of the person's involvement in this investigation is prohibited and will not be tolerated by the district.

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

Signature: _____

Date: _____

Approved July 9, 2018

Reviewed:

Revised: