

**PROHIBITION OF HARASSMENT, INTIMIDATION & BULLYING**

Please print:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ or number where you may be contacted: \_\_\_\_\_  
during the hours of: \_\_\_\_\_.

I wish to register a complaint against:

Name of person, school (give department, program activity, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Type of Harassment:

Racial: \_\_\_\_\_ Sexual: \_\_\_\_\_ Religious: \_\_\_\_\_ Disability \_\_\_\_\_ Other \_\_\_\_\_

Check all spaces below that apply:

- Inappropriate Gesturing     Damaging Property     Staring/Leering     Spitting
  - Inappropriate Touching     Taunting/Ridiculing     Writing/Graffiti     Stalking
  - Demeaning Comments     Flashing a Weapon     Hitting/Kicking     Stealing
  - Intimidation/Extortion     Shoving/Pushing     Threatening     Name Calling
- Other: \_\_\_\_\_

Specify your complaint by stating the problem as you see it. Describe the incident, participants and background of the incident. What attempts have been made to resolve the problem? Please note relevant dates, times and places:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate if there are other people who could provide more information regarding your complaint:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Solution:

Indicate your opinion on how this problem might be resolved. Be as specific as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that there is no falsification of the above information and events are accurately depicted to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant - Date