

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