

EAST ALLEN COUNTY SCHOOLS
Report Form for Complaints of Harassment/Bullying/Discrimination

Student/ Staff Name		<input type="checkbox"/> Alleged Victim <input type="checkbox"/> Bystander
Home Address:		
Home Telephone Number:	Alternate Telephone Number:	
School Building:	Person Completing Form:	
Name of alleged offender (s):		
Select One Area	<input type="checkbox"/> Alleged harassment was based on (check those that apply):	
	<input type="checkbox"/> Verbal conduct (slurs, jokes, etc.)	<input type="checkbox"/> Sexual harassment
	<input type="checkbox"/> Physical Conduct (touching)	<input type="checkbox"/> Display of objects, pictures or photographs
	<input type="checkbox"/> Other	
<input type="checkbox"/> Alleged bullying was based on (check those that apply):		
<input type="checkbox"/> Physical contact/Assaulting	<input type="checkbox"/> Humiliating/Demeaning / Victim Jokes	<input type="checkbox"/> Intimidating/Extorting/Exploiting
<input type="checkbox"/> Getting another person to bully	<input type="checkbox"/> Rude and/or Threatening Gestures	<input type="checkbox"/> Spreading Harmful Rumors
<input type="checkbox"/> Teasing/ Name-Calling/Ridiculing	<input type="checkbox"/> Excluding/Isolating/Rejecting	<input type="checkbox"/> Threatening
<input type="checkbox"/> Cyberbullying	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Alleged discrimination was based on (check those that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Ancestry	<input type="checkbox"/> National Origin
<input type="checkbox"/> Disability	<input type="checkbox"/> Religion	<input type="checkbox"/> Age
		<input type="checkbox"/> Gender
		<input type="checkbox"/> Sexual Preference
Relationship to alleged offender(s):		
Time frame in which incidents occurred:	Where incidents most often occurred:	
Describe incidents and ongoing behavior which contributed to bullying (give all details):		
<i>Use back of form if needed</i>		
List any witnesses who were present:		
<i>Use back of form if needed</i>		
Did a physical injury result from this incident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, explain:
Was the student/ staff victim absent from school/ work as a result of the incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, how many days? _____		
This complaint is based on my honest belief that _____ has harassed/discriminated against/bullied me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.		
Complainant's Signature:		Date:
Received By (please print):		Date: