

EMPLOYEE HARASSMENT & BULLYING FORM

Report of Bullying or Harassment	
1. Print the name of the person who is submitting this report: _____	2. Today's Date: _____
3. The person submitting the report is a: <input type="checkbox"/> Teacher at _____ <input type="checkbox"/> Support staff at _____ <input type="checkbox"/> Other: _____	4. Potential Witnesses
5. WHO is being bullied or harassed? (Please provide names of others if applicable.)	
6. WHO is bullying or harassing the people listed above? Name: _____ Position _____	
7. Describe what happened (or what is happening if the concern involves ongoing behavior) WHAT happened (describe separate incidents separately)? WHERE did it happen? WHEN did it happen? 1) _____ 2) _____ Please list additional incidents, or provide additional detail on the back (or by using attached sheets of paper) if needed.	
8. Is the problem over now, or is it likely to continue? <input type="checkbox"/> It seems like it is over for now, but I'm still concerned. <input type="checkbox"/> It is continuing, or seems very likely to continue. 9. Does this complaint allege a violation of law or District policy that is based upon, or that has occurred because of, any individual's legally-protected status (e.g., race, color, national origin, ancestry, sex, sexual orientation, religion, creed, pregnancy, marital or parental status, or any physical, mental, emotional or learning disability)? <input type="checkbox"/> No. It doesn't seem connected to any of those categories. <input type="checkbox"/> Yes. List each protected status/category that you feel is relevant to the allegations made in this complaint: _____ _____	10. To your knowledge and in relation to this complaint, is anyone's health or safety in imminent danger such that you believe immediate action is needed to alleviate that danger? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Please identify WHO may be in danger and WHY: _____ _____ Has anyone contacted law enforcement? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Who? _____
11. Please sign and date this form (for reports submitted by multiple people, please submit separate forms or add an additional signature page). Your signature is your assurance that the information provided in/with this report is complete and accurate to the best of your knowledge. Intentionally providing false information is a serious violation.	

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Policy 512-Exhibit

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_____	_____
Signature	Date
Please Submit this Report <u>DIRECTLY</u> to the Building Principal or District Administrator	

Use this Space to Provide Any Additional Detail that You Wish to Provide

Lines below are for School District OFFICE USE ONLY	
1. Identify the name and title of the person who received this form on behalf of the School District, and identify the date of receipt :	
_____	_____
Name	Title
	Date of Receipt by the District
2. Identify the method of receipt: <input type="checkbox"/> Hand delivery <input type="checkbox"/> U.S. mail <input type="checkbox"/> Email <input type="checkbox"/> Inter-office mail <input type="checkbox"/> Other _____	3. By number, identify the items on this form (if any) which were <u>blank</u> or clearly incomplete at the time the form was initially filed with the District:
4. Identify the supervisor(s) or administrator(s) who have been notified of the District's receipt of this report as of the date of receipt:	5. Identify the supervisor or administrator who is assigned primary responsibility for ensuring this report is processed appropriately:
6. Other information the District wishes to document related to the receipt of this complaint:	

Legal References:

Cross References:

Adoption Date: 10/27/2014