

ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of complainant: \_\_\_\_\_

Position of complainant: \_\_\_\_\_

Date of complaint: \_\_\_\_\_

Name of alleged harasser  
or bully: \_\_\_\_\_

Date and place of incident or incidents: \_\_\_\_\_

\_\_\_\_\_  
Description of misconduct: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of witnesses (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Evidence of harassment or bullying, i.e., letters, photos, etc. (attach evidence  
if possible): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Any other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_

Date:     /     /     \_\_\_\_\_