**ANTI-HARASSMENT, ANTI-BULLYING, AND ANTI-DISCRIMINATION AGAINST STUDENT(S) BY EMPLOYEES POLICY COMPLAINT FORM**

**BOE Policy #305-10**

### COMPLAINANT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Number and Street</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone</td>
<td>Home Phone ( )</td>
<td>Work Phone ( )</td>
<td></td>
</tr>
<tr>
<td>School/Office</td>
<td>Complex Area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### COMPLAINANT STATUS (Check Applicable Box)

- [ ] Student
- [ ] Parent  
- [ ] Legal Guardian
- [ ] Other (Specify) ___________________________

### ALLEGED OFFENDER(S) (If Known)

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>School/Office</th>
</tr>
</thead>
<tbody>
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<td>School/Office</td>
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</tbody>
</table>

### BASIS OF COMPLAINT (Check Applicable Box)

- [ ] Race
- [ ] Religion
- [ ] Sexual Orientation
- [ ] Gender Identity
- [ ] Physical Appearance & Characteristic
- [ ] Color
- [ ] National Origin
- [ ] Retaliation
- [ ] Gender Expression
- [ ] Age
- [ ] Sex
- [ ] Ancestry
- [ ] Physical/Mental Disability
- [ ] Socio-Economic Status

Date(s) of Incidents _____/_____/_____  _____/_____/_____  _____/_____/_____

### COMPLAINT SUMMARY (Identify: Who, What, When, and Where)

(Additional pages may be submitted)

### WITNESS INFORMATION (Provide Names of Witnesses)

<table>
<thead>
<tr>
<th>Name</th>
<th>Student</th>
<th>Adult</th>
<th>Address/Organization</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Student</td>
<td>Adult</td>
<td>Address/Organization</td>
<td>Phone</td>
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</tbody>
</table>

Statement: The information provided above is truthful and correct to the best of my knowledge. Date Received By CRCB: ____________________________ / ______ / ______

Complainant’s Signature ____________________________ / ______ / ______

In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require reasonable accommodations due to a disability, please contact a supervisor, principal, complex area superintendent, or assistant superintendent.