

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"/> Other <input type="checkbox"/> Physical Conduct (touching) <input type="checkbox"/> Display of objects, pictures or photographs
	<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"/> Gender <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Sexual Preference

Relationship to alleged offender(s):	
Time frame in which incidents occurred:	Where incidents most often occurred:
<i>Use back of form if needed</i>	
Describe incidents and ongoing behavior which contributed to bullying (give all details):	
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:

Principal _____ Asst. Principal _____ SIP _____ Student Services _____

If you have not been contacted within one business day of submitting this form, please contact the school principal or the Office of Student Services.