

STAFF PERSONNEL

Series 400

EXHIBIT ANTI-BULLYING/HARASSMENT COMPLAINT FORM

No. 401.1E1

Date of complaint:	
Name of Complainant:	
Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else):	
Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)?	
Date and place of alleged incident(s):	
Names of any witnesses (if any):	

Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/> Age	<input type="checkbox"/> National Origin
<input type="checkbox"/> Disability	<input type="checkbox"/> Race
<input type="checkbox"/> Color	<input type="checkbox"/> Religion
<input type="checkbox"/> Creed	<input type="checkbox"/> Sex
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Other-Please Specify:

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

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

Signed _____ Dated _____

Submit to: Human Resource Department

Date Approved: October 9, 2017
Last Date Revised: August 27, 2018
Last Date Reviewed: June 8, 2020