Code No. **104.E1**

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: _____