

**STUDENT-TO-STUDENT BIAS-BASED HARASSMENT, INTIMIDATION AND/OR BULLYING  
COMPLAINT FORM**

NAME OF STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Name of the person who you believe is responsible for the harassment, intimidation and/or bullying:

\_\_\_\_\_

Date(s), time(s) and place the incident occurred: \_\_\_\_\_

\_\_\_\_\_

Nature of Complaint:

1.  Check below the bases for why you believe you were harassed, intimidated and/or bullied.

- |  |  |
|--|--|
| <input type="checkbox"/> Color                             | <input type="checkbox"/> Race                        |
| <input type="checkbox"/> Creed                             | <input type="checkbox"/> Religion                    |
| <input type="checkbox"/> Disability                        | <input type="checkbox"/> Retaliation (for complaint) |
| <input type="checkbox"/> Ethnicity/National Origin         | <input type="checkbox"/> Sexual Orientation          |
| <input type="checkbox"/> Citizenship/Immigration Status    | <input type="checkbox"/> Gender/Sex                  |
| <input type="checkbox"/> Gender Identity/Gender Expression | <input type="checkbox"/> Weight                      |

Describe the incident(s) as clearly and with as much detail as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any witnesses who were present or who have knowledge about the incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Received By: \_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title