

DIOCESE OF DAVENPORT
BOARD OF EDUCATION

SERIES 400: STAFF PERSONNEL

FORM 430.3

ANTI-HARASSMENT/BULLYING COMPLAINT FORM FOR STUDENT TO STUDENT INCIDENTS

Check One (1): Student Staff Family Member Other/Volunteer

Name of complainant: _____

Position of complainant: _____

Name of student target: _____

Date of complaint: _____

Name of alleged harasser or individual accused of bullying behaviors: _____

Specific Details:

What happened? _____

When did it happen? _____ Where did it happen? _____

Were there any witnesses? _____

Evidence of harassment or bullying, i.e., letters, photos, etc. (attach evidence if possible): _____

Any other information: _____

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

Signature: _____ Date: _____