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 complainan	t:			
Position of complaina	ant:			
Name of student targ	get:			
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 witne	esses?			
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:	

Policy Adopted: June 3, 2007 Policy Revised: June 10, 2009 Policy Reviewed: May 17, 2010 Policy Reviewed: December 2015 Policy Revised: September 10, 2019 Policy Promulgated: October 17, 2019 Form Revised: March 20, 2020