

COMPLAINT/REPORTING FORM
Student-to-Student Discrimination, Harassment, Intimidation and/or Bullying
Chancellor's Regulation A-832

Please complete form as clearly and with as much detail as possible and to the extent you have such information.
Reporter Information

Name: _____

School/DBN: _____

Are you making this report because you were **a victim of an incident** of student-to-student discrimination, harassment, intimidation and/or bullying?

Yes No

Are you making this report because you **witnessed an incident** of student-to-student discrimination, harassment, intimidation and/or bullying?

Yes No

Are you making this report because an incident of student-to-student discrimination, harassment, intimidation and/or bullying was **reported to you**?

Yes No

If yes –please indicate:

- the name/title of the person who reported it to you:

- date you verbally reported incident to principal/designee or the Respect for All (RFA) liaison:

- the name of the principal/designee or RFA liaison to whom you reported the incident:

Name(s) of the students involved in the incident:

Date(s), time(s), and location(s) where the alleged behavior occurred (if known):

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Please describe the incident as clearly and with as much detail as possible (use additional pages if necessary):

If you believe that the behavior you are reporting is bias-based, check the boxes below that apply:

- Color
- Race
- Creed
- Religion
- Disability
- Retaliation (for complaint)
- Ethnicity
- Weight
- National Origin
- Citizenship/Immigration Status
- Gender
- Gender Identity
- Gender Expression
- Sexual Orientation

Please list the names of any witnesses or any individuals who may have information about the incident:

Signature: _____ Date: _____