



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

Reason for Making this Report

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 you answered "Yes" to the above question, 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:
- Name of the principal/designee or RFA liaison to whom you reported the incident:



Incident Overview

Name

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

Date, Time, and Location

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

Witnesses

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

Bias-Based

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



Description of Incident

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

Signature:

Date: