

PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT
PLEASANT VALLEY, IA
Code No. 104.R1

ANTI-BULLYING/ANTI-HARASSMENT COMPLAINT FORM

TO BE COMPLETED BY COMPLAINANT:

Name of complainant: _____

Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else): _____

Date of complaint: _____

Name of alleged harasser or bully: _____

Date and place of incident or incidents: _____

Age		Physical Attribute		Sex
Disability		Physical/Mental Ability		Sexual Orientation
Familial Status		Political Belief		Socio-economic Background
Gender Identity		Political Party Preference		Other – Please Specify:
Marital Status		Race/Color		
National Origin/Ethnic Background/Ancestry		Religion/Creed		

Describe the alleged incident: _____

Name of witnesses (if any): _____

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

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Any other information: _____

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

Signature: _____

Date: _____ / _____ / _____