Stevens Point Area Public School District
Student Bullying/Discrimination/Harassment Complaint Form

Directions: Submit completed form to the building administrator

Complainant: _____________________________________________________________
Home Address: __________________________________________________________
Home Phone: ____________________________________________________________
Date of alleged incident: _________________________________________________
Where did the alleged incident occur? ______________________________________
What time of day did the alleged incident occur? ___________ am/pm

What type of discrimination/harassment occurred? (Indicate all that apply.)
□ Sexual discrimination/harassment
□ Racial discrimination/harassment
□ Sexual orientation discrimination/harassment
□ Creed discrimination/harassment
□ National origin and ancestry discrimination/harassment
□ Disability discrimination/harassment
□ Marital or parental status discrimination/harassment
□ Bullying

Name of the person you believe discriminated/harassed you or another person: ___________________________
If the alleged discrimination/harassment was toward another person, identify that other person: ______________
Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.), what, if any, physical contact was involved. Attach additional pages as necessary.
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

What was your reaction to the discrimination/harassment? ________________________________

Did anyone witness the discrimination/harassment?
□ Yes	If so, name the witnesses. _________________________________
□ No

Describe any prior incidents. ____________________________________________________________

This complaint is based upon my honest belief that __________________________ discriminated/harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

__________________________________________________________
(Complainant's signature) (Date)

__________________________________________________________
(Received by) (Date)

Copies: Director of Student Services, Building Administrator, Complainant

05/2013