

Policy Title: **Anti-Bullying/Anti-Harassment  
Disposition of Complaint Form**

Policy #503.10E3

Name of complainant: \_\_\_\_\_

Position of complainant (Parent, student, staff, etc.): \_\_\_\_\_

Date of complaint: \_\_\_\_\_

Name of alleged harasser or bully: \_\_\_\_\_

Date and place of incident or incidents: \_\_\_\_\_

Name of witnesses (if any): \_\_\_\_\_

Description of incident or incidents (Attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence of harassment or bullying, i.e., letters, photos, complaint form, witness forms, etc. (attach evidence if possible):

Explain the resolution reached after completing the investigation (Attach documentation if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Administrator Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Adopted: 1/28/2026

Reviewed:

Revised: