

**DIOCESE OF DAVENPORT  
BOARD OF EDUCATION**

POLICY 430.2

**STUDENT PERSONNEL  
Anti-Bullying/Harassment Policy**

**ANTI-HARASSMENT/BULLYING COMPLAINT FORM for Staff to Student, Student to Staff,  
or Staff to Staff Incidents**

Check One (1):   ☐ Student      ☐ Staff      ☐ Family Member      ☐ Other/Volunteer

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

Position of complainant: \_\_\_\_\_

Name of student or  
Employee target: \_\_\_\_\_

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

Name of alleged harasser or individual accused  
of bullying behavior: \_\_\_\_\_

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

Nature of Discrimination or Harassment Alleged (Check all that apply)

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

Description of misconduct: \_\_\_\_\_

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

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

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:

Policy Adopted: June 3, 2007  
Policy Revised: June 10, 2009  
Policy Reviewed: May 17, 2010  
Policy Revised: December 2015  
Policy Revised: September 10, 2019  
Policy Promulgated: October 17, 2019  
Form Revised: March 20, 2020