

**Diocese of Davenport  
Board of Education**

**Series 400: Staff Personnel**

**Policy 430.2**

**Anti-Harassment/Bullying Complain Form (Policy Last Reviewed: November 20, 2025)**

Policy Adopted: June 3, 2007

Policy Promulgated: October 17, 2019

Policy Revised: June 10, 2009; December 2015; September 10, 2019; March 20, 2020; November 20, 2025

Policy Reviewed: May 17, 2010; February 27, 2025

To submit a bullying or harassment complaint, use this form. You can find information on Anti-Harassment/Bullying in the student handbook, faculty and staff handbook, on the school website, or in the Diocesan board policies. Submit the completed form to the school administration.

***Complaint Information:***

Name of Target: \_\_\_\_\_

Name of Complainant (person submitting complaint) (if not student): \_\_\_\_\_

Relationship to Student (if not student): \_\_\_\_\_

***Describe Incident(s):***

Who has been bullying or harassing against the student mentioned above: \_\_\_\_\_

Describe the incident(s). Include specific details such as date, time and location of the incident(s). (attach additional pages if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide the names of the **adults** who may have witnessed the incident(s) (if any): \_\_\_\_\_  
\_\_\_\_\_

Provide the names of the **students** who may have witnessed the incident(s) (if any): \_\_\_\_\_  
\_\_\_\_\_

***Nature of Alleged Bullying/Harassment (check all that apply):***

- |  |   |
|--|---|
| <input type="checkbox"/> Age             | <input type="checkbox"/> Sexual Orientation                       |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Gender Identity                          |
| <input type="checkbox"/> Creed           | <input type="checkbox"/> Physical Attributes                      |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Physical or Mental Ability or Disability |
| <input type="checkbox"/> Race            | <input type="checkbox"/> Political Belief                         |
| <input type="checkbox"/> Religion        | <input type="checkbox"/> Socioeconomic Status                     |
| <input type="checkbox"/> Marital Status  | <input type="checkbox"/> Other                                    |
| <input type="checkbox"/> Sex             |   |

***What method was reportedly used for the alleged Anti-Harassment/Bullying? (check all that apply)***

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Electronic (cyberbullying)                 |
| <input type="checkbox"/> Written  | <input type="checkbox"/> Social/Relational (ostracizing, exclusion) |
| <input type="checkbox"/> Verbal   |   |

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**Has the alleged incident(s) impacted the alleged target in any of these ways? (check all that apply)**

- ☐ Placed the student in reasonable fear of harm to their person or property
- ☐ Has been substantially detrimental to the student's physical or mental health
- ☐ Has had the effect of substantially interfering with the student's academic performance
- ☐ Has had the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided

**Contact Information for Student's Parent/Guardian/Legal Custodian:**

Parent/Guardian/Legal Custodian Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Does student currently reside with this parent/guardian/legal custodian? ☐ Yes ☐ No

2<sup>nd</sup> Contact Name: \_\_\_\_\_

2<sup>nd</sup> Contact Phone Number: \_\_\_\_\_

2<sup>nd</sup> Contact Email: \_\_\_\_\_

2<sup>nd</sup> Contact Physical Address: \_\_\_\_\_

Does student currently reside with this parent/guardian/legal custodian? ☐ Yes ☐ No

*If there are additional or alternative contacts, provide contact information here:* \_\_\_\_\_

**Statement and Signature:**

I'm signing this document agreeing that all of the information I have provided on this form is true and accurate based on my current understanding, knowledge, and/or experience.

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

Printed Name: \_\_\_\_\_