

**Diocese of Davenport
Board of Education**

Series 400: Staff Personnel

Policy 430.2

Anti-Harassment/Bullying Complaint 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

2nd Contact Name: _____

2nd Contact Phone Number: _____

2nd Contact Email: _____

2nd 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: _____