

COLO-NESCO COMMUNITY SCHOOL DISTRICT BOARD POLICY

STUDENTS – SERIES 500

Subseries 502: STUDENT RIGHTS & RESPONSIBILITIES

CODE # 502.10E1

ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of complainant: _____

Name of Student allegedly bullied or harassed: _____

Complainant Home address: _____

Complainant Home Telephone: _____

Date of complaint: _____

Name of alleged harasser or bully: _____

Date of incident: _____

Identify each of the following categories (real or perceived) for which the student is reported to have been bullied or harassed. 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"/>	

Method of bullying/harassment (check all that apply)					
<input type="checkbox"/>	Electronic Communication	<input type="checkbox"/>	Written Communication (e.g. cyber)	<input type="checkbox"/>	Verbal
<input type="checkbox"/>	Physical	<input type="checkbox"/>	Social/Relational (ostracizing, exclusion)	<input type="checkbox"/>	Other (Please specify)

Location of incident (check all that apply)					
<input type="checkbox"/>	Bus	<input type="checkbox"/>	Hallway	<input type="checkbox"/>	Classroom
<input type="checkbox"/>	Locker room	<input type="checkbox"/>	Gym	<input type="checkbox"/>	Cafeteria
<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	At lockers	<input type="checkbox"/>	Playground
<input type="checkbox"/>	Extracurricular activity (on/off campus)	<input type="checkbox"/>		<input type="checkbox"/>	Other (Please specify)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Description of bullying/harassment: _____

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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: _____