

DISPOSITION OF COMPLAINT FORM
(Discrimination, Anti-Bullying, and Anti-Harassment)

Date: _____

Date of initial complaint: _____

Name of Complainant (include whether the Complainant is a student or employee): _____

Date and place of alleged incident(s): _____

Name of Respondent (include whether the Respondent is a student or employee): _____

Nature of discrimination, harassment, or bullying alleged (Check all that apply)

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

Summary of investigation: _____

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

Signature: _____

Date: _____

Approved: June 9, 2008

Reviewed: January 14, 2019; February 12, 2024

Revised: June 1, 2009; February 10, 2014; December 14, 2015