

Bullying/ Harassment/Discrimination
Complaint Form
Mukwonago Area School District

GABA-R

School/Site: _____

Date of Report: _____

Your Name
Complainant: _____

Names(s) of Harassers(s)/
Discriminator(s) _____

Your Address: _____

Your Home Telephone Number _____

School or Work number _____

You are filing a complaint alleging (check one):

- Bullying Harassment Discrimination Hazing

BULLYING

•If this is a Complaint regarding **Bullying**, you are filing a complaint alleging that the bullying behavior was (check type(s)):

What Is Bullying? Bullying is a deliberate or intentional behavior using words or actions, intended to cause fear, intimidation or harm. Bullying may be repeated behavior and involves an imbalance of power.

Physical

- Kicking
 Pushing
 Harming Property
 Other: _____

Indirect

- Gossiping
 Spreading rumors
 Ostracizing
 Humiliating
 Cyberbullying
 Insulting Gestures
 Other: _____

Verbal

- Name Calling
 Teasing
 Other: _____

Name of targeted student(s) if different from person reporting: _____

Names of Other Witnesses: _____

Date of Incident: _____

Time of incident _____ am _____ pm

Location of Incident: _____

HARRASSMENT/DISCRIMINATION/HAZING

•If this is a **Discrimination Complaint**, you are filing a complaint alleging discrimination under one or more of the following areas:

What Is Harassment? Behavior towards students based in whole or part on sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability which substantially interferes with a students' school performance or creates an intimidating, hostile, or offensive school environment.

Discrimination: Treatment or consideration based on class or category rather than individual merit.

Racism can be defined as: An act or series of acts directed at a person/group or their property because of the color of their skin or their racial or ethnic origin.

Hazing: Intentionally or recklessly engaging in acts which endanger physical health or safety of a student for the purpose of initiation or admission into affiliation with any organization.

- | | | |
|--|---|---|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Creed | <input type="checkbox"/> Mental Disability |
| <input type="checkbox"/> Race | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Emotional Disability |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Marital or Parental Status | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation | |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Physical Disability | |

Who is (are) the victims of the harassment/discrimination? If you are not the victim, what is your relationship to the victim? _____

For the complaint you are filing, complete each question below as it relates to the specific incident being reported (use additional sheets if necessary):

1. WHAT HAPPENED? Describe the events or conduct that are the basis of this complaint: Use additional sheets if necessary.

2. WHAT DID YOU SAY OR DO?

3. HOW DID YOU FEEL WHEN IT HAPPENED?

4. STRATEGIES USED TO STOP THE INCIDENT?

5. HOW CAN THIS ISSUE BE RESOLVED?

I acknowledge that I have read and understand the above statements. I certify that all statements made in this complaint are true and complete. I authorize the District to disclose the information I provide as it finds necessary in pursuing the investigation.

SIGNATURE OF COMPLAINANT: _____

SIGNATURE OF PERSON RECEIVING COMPLAINT: _____

DATE COMPLAINT RECEIVED: _____

The person receiving this complaint will sign and date it. One copy will be returned to the complainant, one copy will be forwarded to the Equal Opportunity Office, and one copy will remain with the administrator/supervisor who received the complaint.

An administrator will conduct an investigation in accordance with school board policy.

ADMINISTRATIVE PLAN OF ACTION:
