

Complaint Form Bullying, Harassment, Intimidation, or Discrimination (Education Code 234.1)

NAME OF COMPLAINANT:	Date
Are you: □ The victim □ A witness □ I helped	d deal with the incident Other
Name(s) of victim(s):	
Your relationship to victim(s):	
	led and factual as you can. Use first and last names if possible, and n. Use the back of this page or attach additional pages if needed.
WITNESSES TO THE INCIDENT(s):	
nationality, race or ethnicity, religion, sexual orientation	or perceived disability, gender, gender identity, gender expression, on or association with a person or group with one or more of these, explain:
my identity confidential as appropriate, but may necunderstand that I have the right to file an anonymous	nd true. I understand that the District will make every effort to keep ed to use my name in connection with the investigation. I also complaint. I understand that I am protected against retaliation for rt any retaliatory acts to the Principal or Assistant Principal.
Signed:	Date:
"Bullying" means severe or pervasive physical or verbal conduct (s Internet, etc.), and including sexual harassment, hate violence, or he the effect of one or more of the following: (A) placing a reasonal experience a substantially detrimental effect on his or her physical o	tudent-to-student), including communications in writing or by electronic act (texting, arassment, threats or intimidation, that has, or can be reasonably predicted to have, ole pupil in fear of harm to person or property; (B) causing a reasonable pupil to rmental health; (C) causing a reasonable pupil to experience substantial detrimental a reasonable pupil to experience with his/her ability to
DISTRICT USE ONLY - Person receiving the comp	plaint:Date:
):
Administrator's Signature	Date