Student #(s):_____ School :_____

Policy 5131: Harassment Intimidation and Bullying
Form B-10.1

CHERRY HILL SCHOOL DISTRICT

Form for Reports or Complaints of Harassment, Intimidation or Bullying
(This form is to be completed by the complainant)

Harassment based on *race, skin color, religion, creed, national origin, marital status, age, sex, sexual orientation, appearance or disability* ***is against the law. Discrimination is against the law.***

Complainant's Full Name: _____

Home/School Address: _____

Home or Work Phone:_____

(Check those that apply:) *This is not a description of the action. This identifies the* ***perceived reason*** *for the incident.* ***Was the alleged harassment based on:***

□ race □ national origin □ religion □ sexual orientation
□ color □ gender □ ancestry □ gender identity expression
□ mental, physical or sensory disability □ by any other distinguishing characteristic: _____

Name of the person(s) you believe harassed you or another person(s): _____

If the alleged harassment was toward another person, identify that other person:_____

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.) what, if any, physical contact was involved. *Attach additional pages as necessary.*

_____

_____

_____

When and where did the incident occur? □ School: _____ □ Location: _____□ Date: _____

List any bystander(s) who were present:_____
(Attach statement(s) as appropriate)

This complaint is based on my honest belief that_____
has (have) harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Full Name: _____

Complainant's Signature _____ Date:_____Time: _____

Received by:_____ Date:_____Time: _____