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: _________

JHC – 11/2/11