



CEDARBURG SCHOOL DISTRICT
PARENT OR VISITOR BULLYING /HARASSMENT /DISCRIMINATION REPORTING FORM

Name of Complainant Date

Address

City State Zip

Telephone (Home) Telephone (School or Work)

Name of individual filing complaint (if different than above): _____

Position of Person filing complaint: Parent Visitor Student Other: _____

The complaint alleges (check all that apply): Bullying Harassment Discrimination

On the basis of protected class (check all that apply, if any): race religion creed color

national origin (including limited English-proficiency) ancestry marital/parental status

sex (including transgender status, change of sex or gender identity) sexual orientation

physical, mental, emotional, or learning disability pregnancy

Other: _____

Statement of Complaint. Please describe as best you can exactly what happened to you, which leads you to believe that you have been bullied, harassed and/or discriminated against. Include dates; times; locations; the names of everyone who was involved in the bullying, harassment and/or discrimination, including all person(s) who saw or heard what happened; and, all other relevant facts. If there was more than one incident of bullying, harassment and/or discrimination, please describe each incident separately. You may use the back of this form or another sheet of paper (if necessary).

I certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Signature of Person Filing Complaint Date

Date Received by District: _____

Upon receipt by District personnel or if being submitted by District personnel, this form must be provided to the Building Principal immediately.