



**CEDARBURG SCHOOL DISTRICT**  
**STUDENT BULLYING /HARASSMENT /DISCRIMINATION REPORTING FORM**

\_\_\_\_\_  
 Name of Student (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:  Student  Employee  Parent  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, or the student on behalf of which this complaint form is submitted, which leads you to believe that you or the student has 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.**