EAST TROY
COMMUNITY SCHOOL DISTRICT
Committed to the Growth & Success of Each Student, Each Year

BULLYING-HARASSMENT-HAZING COMPLAINT FORM

The East Troy Community School District Board strives to provide a safe, secure and respectful learning environment for all students in school buildings, on school grounds and school buses and vehicles, and at school-sponsored activities so that students can benefit to the fullest from the educational opportunities offered. The East Troy Community School District Board will not tolerate any form of bullying, harassment, or hazing, such as the use of verbal comments, written comments, graphic materials, cyber bullying, or indirect behaviors.

Conflict: A struggle between two or more people who perceive they have incompatible (opposite/conflicting) goals. Conflict is a normal part of life, and it occurs because people of the same relative power see the same situation in two different perspectives.

Bullying: Bullying is deliberate or intentional behavior using words or actions, intended to cause fear, intimidation or harm. Bullying may be repeated behavior and involves an imbalance of power.

Harassment: Harassment is behavior towards students based in whole or part on sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, homeless status or handicap, physical, mental, emotional, or learning disability which substantially interferes with a students' school performance or creates an intimidating, hostile or offensive school environment.

Hazing: Hazing is intentionally or recklessly engaging in acts which endanger physical health or safety of a student for the purpose of initiation or admission into affiliation with any organization or group.

Please note: There may be consequences for filing a false report.

Complaintant Information:

Person Filing Complaint: ☐ Student ☐ Parent/Guardian ☐ Employee ☐ Other:_____

Name of Person Reporting:_____ Primary #:_____ Cell #:_____

Home Address:_____ Apt/Lot #:_____ City:_____ St:_____ Zip:_____

Incident Information: **Required Field*

Date of Incident:*_____ Time of Incident:*_____

Location of Incident:* ☐ Bathroom ☐ Bus ☐ Cafeteria ☐ Gymnasium ☐ Classroom-Teacher/Room #:_____
☐ Hallway ☐ Internet ☐ Library ☐ Main Office ☐ Parking Lot ☐ Playground/Outdoors
☐ Other:_____

Type of Report:* ☐ Conflict ☐ Bullying ☐ Harassment ☐ Hazing

If harassed,* based on: ☐ Race/Color ☐ Sex ☐ Disability ☐ Pregnancy, Marital or Parental Status ☐ Sexual Orientation
☐ Ancestry ☐ Creed ☐ Religion ☐ National Origin ☐ Other:_____

Name of person(s) that is being bullies/harassed/hazed:*_____

Name of person(s) that is doing the bullying/harassing/hazing:*_____

Statement of Complaint:*
Include names of any witnesses (upstanders or bystanders)

Complainant's Signature:_____ Date:_____

Turn completed form into building administrator/designee.

For Office Use Only

Parent/Guardian Contacted on: Date:_____ Via:_____ By:_____