EXHIBIT 104.E3

DISPOSITION OF COMPLAINT FORM

Date:_____

Date of initial complaint:_____

Name of Complainant (include whether the Complainant is a student or employee):

_____

_____

Date and place of alleged incident(s):

_____

_____

Name of Respondent (include whether the Respondent is a student or employee):

_____

_____

Nature of harassment or bullying alleged (check all that apply):					
	Age		Physical Attribute		Sex
	Disability		Physical/Mental Ability		Sexual Orientation
	Familial Status		Political Belief		Socio-economic Background
	Gender Identity		Political Party Preference		Other – Please Specify:
	Marital Status		Race/Color		
	National Origin/Ethnic Background/Ancestry		Religion/Creed		

Summary of Investigation:

_____

_____

_____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Adopted:
Modified: 06/02/2025
Reviewed: 06/02/2025