

## 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):			
<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Physical/Mental Ability
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Political Belief
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Political Party Preference
			Socio-economic Background
			Other – Please Specify:

## 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