

NEVADA COMMUNITY SCHOOL DISTRICT BOARD POLICY
STUDENTS – SERIES 100

CODE # 104.E3

DISPOSITION OF ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of complainant: _____

Name of Student allegedly bullied or
harassed: _____

Grade and building of student: _____

Name and position or grade of alleged
harasser or bully: _____

Date of incident: _____

Date of initial complaint: _____

Identify each of the following categories (real or perceived) for which the student is reported to have been bullied or harassed. Check all that apply					
<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other-Please Specify
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion Creed	<input type="checkbox"/>	

Method of bullying/harassment (check all that apply)					
<input type="checkbox"/>	Electronic Communication	<input type="checkbox"/>	Written Communication (e.g. cyber)	<input type="checkbox"/>	Verbal
<input type="checkbox"/>	Physical	<input type="checkbox"/>	Social/Relational (ostracizing, exclusion)	<input type="checkbox"/>	Other (Please specify)

Location of incident (check all that apply)					
<input type="checkbox"/>	Bus	<input type="checkbox"/>	Hallway	<input type="checkbox"/>	Classroom
<input type="checkbox"/>	Locker room	<input type="checkbox"/>	Gym	<input type="checkbox"/>	Cafeteria
<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	At lockers	<input type="checkbox"/>	Playground
<input type="checkbox"/>	Extracurricular activity (on/off campus)	<input type="checkbox"/>		<input type="checkbox"/>	Other (Please specify)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Summary of investigation : _____

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CODE #104.E3- DISPOSITION OF ANTI-BULLYING/HARASSMENT COMPLAINT FORM (continued)

If the Iowa Anti-Bullying/Harassment Law was violated, please check all the reasons that apply below	
	Was violated because conduct places the student in reasonable fear or harm to the student's person or property.
	Was violated because conduct has a substantially detrimental effect on the student's physical or mental health.
	Was violated because conduct has the effect of substantially interfering with the student's academic performance.
	Was violated because the conduct has the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by a school
If the Iowa Anti-Bullying/Harassment Law was not violated, please check the box indicating that another law, school policy or rule was violated OR check the box indicating that no law school policy or rule was violated	
	Was NOT violated nor was any other law/school policy/rule violated
	Was NOT violated but another law/school policy/rule was violated. (such as code of conduct)
	Consequences are in place

Date investigation was completed: _____

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

Signature of Investigator: _____ Date: ____/____/____.

Signature of Bldg Principal (If different from investigator) _____ Date: ____/____/____.

Copies: Parent/Guardian _____ Superintendent _____ Alleged Harasser/Bully _____ File _____

****For Department of Education data collection purposes only****			
Please check all of the following consequences/remedial actions that apply			
	Verbal Warning		Written Warning
	Parent(s) or guardian conference		Signed agreement to avoid further incidents
	Restricted privileges (includes loss of recess, isolated lunch extra curricular activities, etc)		Individual Behavior Plan focused on bullying behaviors
	Specialized seating assignment		SRO Referral
	In School Suspension Number of days		Suspension or expulsion Number of days
	Community service		Referral to Internal team
	Student conference with administrator	Other (Please specify):	