

## **Anti-Bullying and Harassment Investigation Procedures**

### **Complaint Procedure**

An employee or student who believes that they have been harassed shall notify a harassment compliance officer who is the designated investigator. The harassment compliance officers are the Assistant Chief Administrator/Director of Human Resources and two compliance officers of opposite genders. The compliance officer may request that the employee or student complete the Harassment Complaint form and turn over evidence of the harassment, including, but not limited to, letters, tapes, or pictures. Information received during the investigation shall be kept confidential to the extent possible.

A compliance officer, with the approval of the Chief Administrator, or the Chief Administrator has the authority to initiate a harassment investigation in the absence of a written complaint. The Chief Administrator, or designee, has the authority to refer the investigation to legal counsel.

### **Investigation Procedure**

The compliance officer shall reasonably and promptly commence the investigation upon receipt of the complaint. The compliance officer will interview the complainant and the alleged harasser. The alleged harasser may file a written statement refuting or explaining the behavior outlined in the complaint. The compliance officer may also interview witnesses as deemed appropriate.

Upon completion of the investigation, the compliance officer will report to the Chief Administrator. The compliance officer will outline the findings of the investigation to the Chief Administrator.

### **Resolution of the Complaint**

The Chief Administrator will complete the next step in the investigation reasonably and promptly upon receipt of the compliance officer's report. Following the compliance officer's report, the Chief Administrator may investigate further, if deemed necessary, and make a determination of the appropriate next step which may include discipline up to and including recommendation to the Board for termination.

Prior to the determination of the appropriate remedial action, the Chief Administrator may choose to interview the complainant and the alleged harasser. The Chief Administrator will file a written report closing the case. The complainant, the alleged harasser, and the compliance officer will receive notice as to the conclusion of the investigation.

### **Points to Remember in the Investigation**

- Evidence uncovered in the investigation is confidential.
- Complaints must be taken seriously and investigated.
- No retaliation will be taken against individuals involved in the investigation process.
- Retaliators will be disciplined up to and including discharge.

### **Conflicts**

If one of the compliance officers is the alleged harasser or a witness to the incident, that officer shall be removed from the process.

## Anti-Bullying and Harassment Complaint Form

Date of complaint: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else):  
 \_\_\_\_\_  
 \_\_\_\_\_

Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)?  
 \_\_\_\_\_

Date and place of alleged incident(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Names of any witnesses (if any): \_\_\_\_\_

Nature of discrimination, harassment, or bullying alleged (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"/>	<input type="checkbox"/>	<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"/>	

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WITNESS DISCLOSURE FORM**

Name of Witness: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Date of initial complaint: \_\_\_\_\_

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

Date and place of alleged incident(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of discrimination, harassment, or bullying alleged (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"/>	Marital Status	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>		<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>	

Description of incident witnessed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 discrimination, harassment, or bullying alleged (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"/>	Marital Status	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>		<input type="checkbox"/>	Race/Color		
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	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: \_\_\_\_\_

Reviewed: 11-04-2015  
 Amended: 06-04-2018  
 Amended: 06-03-2020  
 Reviewed: 10/01/2025