

**Richmond School District Policy Statement
Employee Harassment**

Policy #: 512

**Richmond School District
Harassment/Bullying Complaint Form**

This form shall be given to any employee, student, parent, or resident of the district to file a complaint regarding alleged bullying or harassment.

Name of Complainant: _____ Date: _____

Address: _____ Phone: _____

Reasons(s) for the complaint:

(Be specific about the type of alleged discrimination or harassment.)

Policy, Rules, or Regulations/Alleged to have been violated:

(Be specific)

Description of the Alleged Discrimination/Harassment:

(Who, what, when, where, how often, witnesses)

Relief/Action Requested:

My signature certifies that the information provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

The District Administrator upon receiving the complaint shall immediately begin an initial investigation of the complaint and report in writing within 5 school/business days of date of receipt of the complaint.

Received by: _____ Date _____