



THE BLACK STUDENT ADVOCATE NETWORK
 Because The Black Community Has Always Needed An Advocate To Earn An Education

Harassment, Intimidation,
 and Bullying (HIB)
 Adult Complaint Form

Person making complaint of Harassment/Intimidation/Bullying		
Name	Contact Phone #	Alternate Phone #
Position	Department/School	Supervisor
Home Address	Apt/Unit	City
State/Zip	Preferred Email	Work Email
Identity <input type="checkbox"/> Student <input type="checkbox"/> Adult (Employee) <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other Adult		
My Representative (If any)		
Name	Phone #	Email Address
Person(s) you believe harassed/intimidated/bullied you/your child (if known)		
Name	Date or Dates of Action	
Position	Department	School
Name	Date or Dates of Action	
Position	Department	School
Please explain your relationship to the person(s) you believe harassed/intimidated/bullied you/your child – the person(s) should be listed in the previous section above. (Please use additional sheets if necessary)		
Please explain as clearly as possible what happened. Specifically include details about how you or your child were harassed/intimidated/bullied. Please include dates, times, location, witnesses and any details you can provide about the event(s), incident(s) and/or behaviors. (Please use additional sheets if necessary)		



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Please explain as clearly as possible why you believe this is harassment/intimidation/bullying. (Please use additional sheets if necessary)

Is there any additional information you would like for us to know? (Please use additional sheets if necessary)

Briefly describe what kind of remedy you are seeking. What do you hope happens as a result of filing this complaint? (Please use additional sheets if necessary)

Are there any notes, pictures, texts, emails, letters, screen shots or other evidence pertaining to the event(s) that you are reporting? (Please attach to this complaint form at the time of submission and list below)

Witness Information, if any

Name	Contact Phone #	Alternate Phone #
Email Address	Department	School
Name	Contact Phone #	Alternate Phone #
Email Address	Department	School
Name	Contact Phone #	Alternate Phone #
Email Address	Department	School



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I reported this to the following District person(s)		
Name	Position	Date(s)
Type of Report <input type="checkbox"/> Verbal <input type="checkbox"/> Written (If written, please attach)		
Name	Position	Date(s)
Type of Report <input type="checkbox"/> Verbal <input type="checkbox"/> Written (If written, please attach)		
To the best of my knowledge, the information I have provided on this form is true and accurate		
Signature		Date
For Office Use		
Received by	Date Received	Referred To
Assigned LER Manager	Assigned Investigator	Assigned Case #