

DIOCESE OF DES MOINES
Catholic Schools Policies/Regulations

STAFF PERSONNEL

Harassment/Bullying/Hazing Complaint Form
(Form to be completed by complainant or investigator)

Name of alleged victim: _____
(School Personnel, Student, Parent, Volunteer, Other – Please specify)

Name and position of complainant if different than alleged victim:

(School Personnel, Student, Parent, Volunteer, Other – Please specify)

Name(s) of staff member(s) or student(s) alleged to be responsible for incident:

Date and place of incident or incidents: _____

Describe what happened: *(Use back of form or attach additional pages if necessary)* _____

Name of witnesses (if any): _____

Is there any documentation of any part of the incident? Yes ___ No ___ Please attach evidence OR explain why not.

Any other relevant information: _____

I believed the alleged victim was ___ harassed ___ bullied ___ hazed based upon:

(LIST ALL THAT APPLY) sexual orientation, gender identity, physical attribute, race, color creed, age, national origin, religion, disability, ethnicity, political party preference, sex, marital status, familial status, socioeconomic status, political belief, ancestry

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

Signature: _____ Date: _____
Complainant or Investigator

Signature: _____ Date: _____
Investigator

Regulation Approved: January 21, 2008

Regulation Revised: June 5, 2019