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): ________________________________________________
_____________________________________________________________________

DIOCESE OF DES MOINES
Catholic Schools Policies/Regulations

Regulation #481.2
Accompanies Policy #481
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