# Iowa Department of Education Bullying/Harassment Complaint Form

*To submit a complaint to your local school district for Bullying and/or Harassment, please find and follow your school district’s policies.They will be available in the student handbook, on the district website, under School Board policies, and/or in the school office.You may use this form if your district doesn’t provide one. Submit this form to the local district contact as outlined in the district policy.*

***Do not submit this form to the Iowa Department of Education.***

### Complainant information:

Name of Student targeted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Submitting Complaint (if not student):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student (if not student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Please describe the incident(s):

Who has been bullying or harassing against the student mentioned above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include specifics in the description, the date, time, and location of the incident(s) (attach additional pages if needed):

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

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

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

Please provide the names of the *adults* who may have witnessed the incident (if any):

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

Please provide the names of any *students* who may have witnessed the incident (if any):

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

What method was used for the alleged bullying and/or harassment? (check all that apply)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Physical |  | Written |  | Verbal |  | Electronic |

Did the incident include any of the following actual or perceived traits or characteristics of the student who was allegedly targeted (check all that apply)?

\_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Race \_\_\_\_\_ Creed \_\_\_\_\_National Origin \_\_\_\_\_ Ancestry

\_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_Religion \_\_\_\_\_Gender Identity \_\_\_\_\_Physical Attributes

\_\_\_\_\_Physical/Mental Abilities \_\_\_\_\_Political Belief \_\_\_\_\_Political Party Preference

\_\_\_\_\_Socioeconomic Status \_\_\_\_\_Sexual Orientation \_\_\_\_\_Familial Status

See next page

Has the alleged incident(s) impacted the alleged target in any of these ways? (check all that apply)

|  |  |
| --- | --- |
|  | Placed the student in reasonable fear of harm to their person or property |
|  | Has been substantially detrimental to the student’s physical or mental health |
|  | Has had the effect of substantially interfering with the student’s academic performance |
|  | Has had the effect of substantially interfering with the student’s ability to participate in or benefit from the services, activities, or privileges provided |

### Contact information for Parent(s)/Guardian(s) of Student:

1. Parent/Guardian/Legal Custodian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does student currently reside with this parent/guardian/legal custodian? Yes \_\_\_\_\_ No\_\_\_\_\_

1. Parent/Guardian/Legal Custodian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does student currently reside with this parent/guardian/legal custodian? Yes \_\_\_\_\_No\_\_\_\_\_

*If there are additional or alternative contacts, please provide contact information here:*

### Statement and Signature

I’m signing this document agreeing that all of the information I have provided on this form is true and accurate based on my current understanding, knowledge, and/or experience.

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please refer to your district’s policy for where and to whom you should submit this document.*

*Do not send this document to the Iowa Department of Education.*