

**RANDOLPH COUNTY SCHOOL SYSTEM
BULLYING/HARASSMENT/DISCRIMINATION OF
RCSS EMPLOYEES**

COMPLAINT/REPORT FORM

INSTRUCTIONS

Bullying, harassment, and discrimination are serious and will not be tolerated. This is a form to report alleged bullying, harassment, or discrimination against an RCSS employee. Please complete this form. If the alleged offender is a student or 3rd party, please submit this form to the employee's supervisor. If the alleged offender is an RCSS employee, please submit this form to the Assistant Superintendent for Human Resources.

Please refer to RCSS Policy Code 1710/4021/7230 "Prohibition against Discrimination, Harassment, and Bullying" and RCSS Policy Code 1720/4015/7225 "Discrimination, Harassment, and Bullying Complaint Procedure" for complete detail.

DEFINITIONS

Discrimination means any act or failure to act that unreasonably and unfavorably differentiates treatment of others based solely on their membership in a socially distinct group or category, such as race, ethnicity, sex, pregnancy, religion, age, or disability. Discrimination may be intentional or unintentional.

Harassment or Bullying means any pattern of gestures or written, electronic, or verbal communications, or any physical act or any threatening communication that: **1) places an employee in actual and reasonable fear of harm to his or her person or damage to his or her property; or 2) creates or is certain to create a hostile environment by adversely altering the conditions of the employee's employment.**

COMPLAINT/REPORT

Name of Person Reporting Incident:

Note: if reporting anonymously, please leave blank.

Phone Number of Person Reporting Incident:

Name of Employee Victim:

May be same as person reporting

Title, Position, and School/Work Site of Employee Victim:

Name of Alleged Offender:

School/Work Site of Alleged Offender:

Grade Level/Title/Position of Alleged Offender (as appropriate):

Date(s) of Alleged Incident(s):

Were you an eyewitness to the alleged incident(s)?

Other Witnesses (and as appropriate, title/position/work site):

DESCRIPTION OF INCIDENT(S)

What did the alleged offender say or do?

Please describe the incident.

Please describe any steps the employee has already taken to address the incident.

Please describe below and attach to this form any evidence of harassment, discrimination, or bullying (e.g. letters, emails, photographs, etc.).

AUTHENTICATION

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

Note: If this is an anonymous report, no signature is required.

Signature: _____ **Date:** _____

