



BULLYING, DISCRIMINATION, AND HARASSMENT RESPONSE FORM

Nebo School District maintains a firm policy prohibiting all forms of bullying, discrimination, and harassment.

SCHOOL/DEPARTMENT: _____

RESPONDENT INFORMATION:

Name: _____ Home address: _____
Home/cell phone: _____ Work phone: _____ Email: _____

INCIDENT(S) INFORMATION:

Date(s) / time(s) of alleged incident(s): _____
Name(s) of persons involved in incident(s): _____
Location of incident(s): _____
Name(s) of other witness(es): _____

Provide a detailed response to the complaint against you. This includes admitting or denying each allegation made and telling your version of the facts (attach additional pages if necessary):

I hereby represent that the information provided herein is true, correct, and complete to the best of my knowledge.

Signature: _____ Date: _____

If the respondent is unable or unwilling to complete and sign this form, provide the following information and sign below.

Name of person completing form: _____ Title: _____

Reason respondent did not complete form: _____

Signature: _____ Date: _____

Confidentiality & Retaliation

In order to protect the privacy interests of individuals and to ensure the integrity of the investigation, this complaint and investigation are confidential. You are hereby directed to refrain from speaking of or disseminating relevant facts or information concerning this matter to others. You are also directed to refrain from retaliation against the person who made the complaint. Disciplinary action may be imposed for violation of this directive.

For District Use Only
*Maintain original at District Office in Civil Rights Coordinator's investigation file.
Submit copy to Director of Human Resources
If respondent is a student, submit copy to Coordinator of Student Services*