

**BULLYING, DISCRIMINATION, AND HARASSMENT**

**RESPONSE FORM**

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

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| **SCHOOL/DEPARTMENT:** | School/department name |  |
|  |  |  |  |
| **RESPONDENT INFORMATION:** |  |  |
| Name: | Respondent’s name | Home address: | Home address |
| Home/cell phone: | Home/cell phone | Work phone: | Work phone | Email: | Email |

|  |  |
| --- | --- |
| **INCIDENT(S) INFORMATION:** |  |
| Date(s) / time(s) of alleged incident(s): | Date & time of incident |
| Name(s) of persons involved in incident(s): | Persons involved in incident |
| Location of incident(s): | Location of incident |
| Name(s) of other witness(es): | Names of witnesses |

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| **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):** |
| Response |
| I hereby represent that the information provided herein is true, correct, and complete to the best of my knowledge.  |
| Signature: |  | Date: | 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: | Name of person | Title: | Title |
| Reason respondent did not complete form: | Reason respondent did not complete form |
| Signature: |  | Date: | 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.

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| **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* |