



BELLEVUE CITY SCHOOLS

ADMINISTRATIVE DISCRIMINATION AND HARASSMENT COMPLAINT AND
RESOLUTION PACKET OF PROCEDURES

Name of Complainant _____

Student

School _____ Grade _____ Age _____

Parent _____

Staff Name _____

Check box if you are an administrator or teacher assisting a student in filling out the complaint

Assignment _____

Phone Number _____

Type of Complaint Discrimination Harassment

Basis of Complaint:

Race Religion Color National Origin Age Sex/Gender

Sexual Orientation Gender Identity and Expression Disability Genetic Information

Marital Status Veteran Status Military Service Retaliation

Describe specific act(s) alleged with date(s), time(s) and location(s) if possible.

If additional space is needed, use reverse side of paper or attach additional sheet(s)

Discrimination and Harassment Complaint Form-Page 2

Has anyone witnessed the alleged behavior? Yes No

If yes, please list names and contact information:

Did you take any action to stop the alleged behavior? Yes No

How would you like to see the situation resolved?

Please turn this complaint form in to any school administrator or any of the following district compliance officers:

John Bollinger
1035 Castalia St.
Bellevue, Oh 44811
419-484-5060
John.bollinger@bellevueschools.org

Jacqueline Montgomery
125 North Street
Bellevue, Oh 44811
419-484-5000
jacqueline.buckner@bellevueschools.org

Office Use Only: Administrator Receiving Complaint_____

Position_____ Date_____