



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](mailto:John.bollinger@bellevueschools.org)

Jacqueline Montgomery  
125 North Street  
Bellevue, Oh 44811  
419-484-5000  
[jacqueline.buckner@bellevueschools.org](mailto:jacqueline.buckner@bellevueschools.org)

Office Use Only: Administrator Receiving Complaint\_\_\_\_\_

Position\_\_\_\_\_ Date\_\_\_\_\_