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 ${\bf 2}$

Has anyone witnessed the alleged b	ehavior? □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 situa	ation resolved?
Please turn this complaint form in to an	y school administrator or any of the following district compliance officers:
John Bollinger	Jacquline Montgomery
1035 Castalia St.	125 North Street
Bellevue, Oh 44811	Bellevue, Oh 44811
419-484-5060 John.bollinger@bellevueschools.org	419-484-5000 jacquline.buckner@bellevueschools.org
Office Use Only: Administrator Receiv	ving Complaint
Position	Date