

Were there any witnesses? If so, who?

Has bullying/harassment happened before? _____

When: _____

How did it make you feel?

What was your response to the bully/harasser?

Did you tell anyone about it? Who? When? Where? What did you say?

What was the other person's response?

How would you like to see the bullying/harassment resolved?

Signature of person completing this form

Date

Signature of Investigator

Date

Adopted: November 7, 2001

**RESOLUTION OF COMPLAINT
Investigation Summary Form (C)**

Summary of complaint and investigation steps:

Conclusion of findings:

Remedial Measures Recommended:

Disciplinary Action Recommended:

Action Taken By Administration:

Investigator

Date

Administrator

Date

FORWARD FULL REPORT TO TITLE IX COORDINATOR

Adopted: November 7, 2001