

Students who feel they have been harassed or bullied should print and complete the following (2) forms. Each completed form should be submitted to a school counselor or school nurse, the designated investigators, for investigation as soon as possible.

IFA High School Counselor – Ms. Michelle Kriegel
Riverbend Middle School Counselor – Mrs. Denelle McWherter
Pineview & Rock Run Counselor – Mrs. Ginger Clawson
Iowa Falls Schools Alternate Investigator-All Buildings-Mrs. Deb
Kuhfus Alden Elementary Counselor – Kristy Reynolds

Iowa Falls School Nurse – Mrs. Laura Thies
Alden Elementary Nurse – Mrs. Nicole Nachazel

It is the policy of the state of Iowa that school employees, volunteers, and students in Iowa schools shall not engage in harassing or bullying behavior.

‘Harassment’ and ‘bullying’ shall be construed to mean any electronic, written, verbal or physical act or conduct toward a student which is based on any actual or perceived trait or characteristic of the student and which creates an objectively hostile school environment that meets one or more of the following conditions:

FORM 1

PLEASE CHECK ALL THAT APPLY

- (1) Places the student in reasonable fear of harm to the student’s person or property.
- (2) Has a substantially detrimental effect on the student’s physical or mental health.
- (3) Has the effect of substantially interfering with a student’s academic performance.
- (4) Has the effect of substantially interfering with the student’s ability to participate in or benefit from the services, activities, or privileges provided by a school.

FORM 2

Code No. 104.E1

ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of complainant: _____

Position of complainant: _____

Name of student or employee target: _____

Date of complaint: _____

Name of alleged harasser or bully: _____

Date and place of incident or incidents: _____

Nature of Discrimination or Harassment Alleged (Check all that apply)

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color		
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed		

Description of misconduct: _____

Name of witnesses (if any): _____

Evidence of harassment or bullying, i.e., letters, photos, etc. (attach evidence if possible): _____

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: ____/____/____

IOWA FALLS COMMUNITY SCHOOL DISTRICT