Youth Bullying Prevention Act Complaint Questionnaire (English)
Updated: October 2025

Purpose

This complaint form is designed to report alleged violations of the Youth Bullying Prevention Act of 2012 committed by covered entities, including educational institutions that receive funds from the District of Columbia, youth-serving government agencies, or grantee organizations. This form is not for the initial reporting of individual bullying incidents directly – those initial reports should be reported to the covered entity's designated point of contact or administration first. All complaints submitted will be reviewed and investigated according to applicable procedures.

Please note: Filing a formal complaint is not required. You may choose to contact the Manager of the Youth Bullying Prevention Program, Ernest Shepard at ernest.shepard@dc.gov, to explore an informal resolution, either instead of or in addition to submitting this form. As formal complaints can take longer to process, informal resolution may be a better option when bullying is actively occurring. If you believe a child is in immediate danger, please call 911.

Instructions

This questionnaire is for individuals seeking to file a complaint against a covered entity under the Youth Bullying Prevention Act (YBPA). When an initial written complaint questionnaire is filed, the individual filing will be contacted by a DC OHR intake specialist. The submission of a complete initial written complaint questionnaire preserves all rights for statute of limitations purposes. This form is subject to review to determine jurisdictional requirements have been met. Fields marked with an asterisk (*) to the left are required fields and must be completed.

If you believe that you or your minor child has also experienced discrimination based on a protected trait, or protected traits, as defined by the D.C. Human Rights Act (DCHRA), please complete OHR's Education Institutions Questionnaire Form, which can be found by clicking here or visiting bit.ly/FileAComplaintOHR.

After completing the initial written complaint questionnaire, you may submit it online, email this form to ohr.intake@dc.gov, or submit this form by mail or in-person to 441 4th Street NW, Suite 570N, Washington DC, 20001. Both forms are available in Amharic, Chinese, French, Korean, Spanish, and Vietnamese on the OHR website.

Section 1: Jurisdiction

*When did the violation occur?

*Location: Where did the incident occur? Please provide the address:

If it did not occur in the District of Columbia, explain how the incident is connected to District of Columbia:

*Have you filed a complaint in court or with any other government agency?

☐ Yes

If yes, are you presently in court regarding any of violations alleged in this complaint?

If yes, please provide the name of the court or government agency:

☐ No

Section 2: Complainant Information

*Preferred Name:

What Are Your Pronouns? ☐ he/him ☐ she/her ☐ they/them ☐ Other:

Minor Child Name (if applicable):

What Are Their Pronouns? ☐ he/him ☐ she/her ☐ they/them ☐ Other:

*Address:

*Primary Telephone Number:

*Email Address:

*How do you prefer we contact you?

☐ Email ☐ Phone ☐ Mail

Do you need a reasonable accommodation?

☐ Yes If yes, please explain:

☐ No

*What language do you prefer to communicate in? Please check boxes for:

☐ English ☐ Amharic ☐ Chinese ☐ French ☐ Korean ☐ Spanish ☐ Vietnamese

☐ Other:

*Do you require a language interpreter?

☐ Yes If yes, which language:

☐ No

Alternative contact person if you cannot be reached:

Alternative contact person's email address:

Alternative contact person's phone number:

Please continue on page 4.

Section 3: Attorney or Counsel Information (Optional)

Counsel Name:

Counsel Address:

Counsel Telephone Number:

Counsel Email Address:

NOTE (for Complainants with an attorney): If OHR schedules you for an intake interview, your attorney must either appear with you at the interview or provide a written waiver for OHR to interview you without their presence.

Section 4: Respondent Information

*Name of School or other Covered Entity:

*Type of School or other Covered Entity:

- ☐ Public (DCPS) or Charter School
- ☐ Department of Parks and Recreation
- ☐ Office of the State Superintendent of Education
- ☐ University of the District of Columbia
- ☐ District of Columbia Public Library
- ☐ Grantee (e.g. community-based non-profit receiving DC government funds) or Other Covered Entity:

*Name and Title of Head of the School or Covered Entity:

*Address of Head of the School or Covered Entity:

*Telephone Number of the Head of the School or Covered Entity:

*Email Address of the Head of the School or Covered Entity:

Name and Title of Bully Prevention Contact, if applicable:

Telephone Number of Bully Prevention Contact, if applicable:

Email Address of Bully Prevention Contact, if applicable:

Section 5: Youth Bullying Complaint Particulars

*What type(s) of Youth Bullying Prevention Act violation are you alleging? Please elect all that apply.

- ☐ Inadequate investigation of a bullying allegation
- ☐ Inadequate investigation of a retaliation allegation
- ☐ Retaliation for filing a Youth Bullying Prevention Act complaint with an Educational Institution or OHR. Please list the retaliation act(s):
- ☐ Failure to maintain a Youth Bullying Prevention Point of Contact or Compliant Youth Bullying Prevention policy
- ☐ Failure to initiate an investigation or unreasonable delay of an investigation of a report of bullying, retaliation, or other alleged violation of the Youth Bullying Prevention Act
- ☐ Other:

*Please complete a separate Statement of Particulars for each allegation you selected above on the following pages.

*Please complete a separate Statement of Particulars for each allegation you selected above on the following pages.

If you run out of space on this form, you may attach a separate document with the required information.

☐ Check here if you are attaching a separate document with a statement of particulars.

Violation 1:

*Date of alleged violation:

*Nature of the alleged violation:

*Name and title of the person responsible for the alleged violation:

*Why do you believe this incident violates the Bullying Prevention Act?

*What efforts have you made to resolve the issue?

Violation 2:

Date of alleged violation:

Nature of the alleged violation:

Name and title of the person responsible for the alleged violation:

Why do you believe this incident violates the Bullying Prevention Act?

What efforts have you made to resolve the issue?

Section 6: Acknowledgement

*All of the following requirements below must be checked and acknowledged with signature to officially file this complaint:

- ☐ I want to file a charge, and I authorize OHR to investigate the allegations described above.
- ☐ I understand that OHR must inform the target of my complaint of the allegations described above and information about the complaint, including my name.
- ☐ I acknowledge OHR may investigate additional claims using other applicable laws in the District of Columbia.
- ☐ I agree to cooperate with OHR's processes and to treat OHR's employees in a respectful manner. I understand that failure to do so may lead to dismissal of my complaint

*Complainant Signature

*Complainant Date of Signature

Please return this form by email to ohr.intake@dc.gov or 441 4th Street NW, Suite 570N, Washington DC, 20001.