

REPORT FORM FOR COMPLAINTS OF UNLAWFUL HARASSMENT

Complainant: \_\_\_\_\_
Home Address: \_\_\_\_\_
Home Phone: \_\_\_\_\_
School Building: \_\_\_\_\_
Date of Alleged Incident(s): \_\_\_\_\_

Alleged harassment was based on: (circle those that apply)

- Race, Gender, Religion, Color, Age, Sexual Orientation, National Origin, Disability

Name of person you believe violated the district's unlawful harassment policy: \_\_\_\_\_

If the alleged harassment was directed against another person, identify the other person: \_\_\_\_\_

Describe the incident as clearly as possible, including what force, if any, was used; verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved. Attach additional pages if necessary: \_\_\_\_\_

When and where incident occurred: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_

This complaint is based on my honest belief that \_\_\_\_\_ has harassed me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature, Date, Received By, Date