



## Las Cruces Public Schools

LCPS Form **ACA-E1**

### Report of Staff Harassment, Intimidation or Bullying

**INSTRUCTIONS:** Las Cruces Public School District maintains a firm policy prohibiting all forms of harassment, intimidation, or bullying. Please, complete as much information as possible on this report and provide to immediate supervisor or to another administrator as indicated in *Regulation ACA-R*. Reference: *Policy ACA: Sexual Harassment and JICK: Sexual Harassment of Students*.

#### Part I – TO BE COMPLETED BY PERSON MAKING REPORT

Complainant \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Complainant School/Location Name \_\_\_\_\_

#### Part II – INFORMATION ON VICTIM

Check type of referral:      Harassment      Intimidation      Bullying      Disability      Work Location  
Name      Gender:      F      M      Job Title  
Where and When (date and time) incident occurred  
Date of Alleged Incident(s)  
Name of Person you believe harassed you or another  
Work Location  
Job Title

Witness

Witness

Witness

Witness

Witness

Witness

Other, please explain

#### Part IV – INCIDENT INFORMATION

Describe the incident(s) as clearly as possible, including such details as what force, if any, was used; any verbal statements (i.e. threats, requests, demands); what, if any, physical contact was involved, etc.

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

Date \_\_\_\_\_ Name of Complainant \_\_\_\_\_

Date \_\_\_\_\_ Received by \_\_\_\_\_