

Report of Harassment

Name of Complainant:

For Students: School and Grade

For Employees: Position

Address and Phone Number:

Date(s) of Alleged Incident(s) of Harassment:

Name of person(s) you believed harassed you or others:

If the alleged harassment was toward another, please identify that person:

Please describe in detail the incident(s) of alleged harassment, including when and where in the incident(s) occurred. Please note any witnesses that may have observed the incident(s). Attach additional pages if necessary.

Please describe any past incidents that may be related to this complaint.

I certify that the information provided in this report is true, correct, and complete to the best of my knowledge:

Signature of Complainant	Date
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Complaint Received By: _____

Principal or Compliance Officer	Date
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