

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 all that apply)

Race	Color	National Origin/Ethnicity
Gender	Disability	Religion
Medical Condition	Age	Sexual Orientation
Marital Status	Other _____	

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 any oral statements (i.e. threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary: _____

When and where the incident(s) 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