

**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