REPORT FORM FOR COMPLAINTS OF HARASSMENTor DISCRIMINATION

(Sexual harassment or harassment/discrimination because of race, color, gender, age, religion, marital status, disability, national origin, socio-economic status or sexual orientation)

Please write legibly/Write on back or attach extra paper if necessary.

Name of person making complaint:_____

Are you a -   (Circle one)   School Board Personnel?   Or   Student

Home Address:_____

_____

Work Address:_____

**Home Phone –(   )_____-_____   Work Phone (if applicable)_____

E-mail Address:_____

Date of alleged incident (day/month/year)- _____

When and where did the incident occur?_____

(Circle all that apply) Did the incident(s) involve: Sexual Harassment; or Harassment/Discrimination

Based upon: RACE; GENDER;   AGE;   RELIGION; MARITAL STATUS; DISABILITY; NATIONAL ORIGIN;

SOCIO-ECONOMIC STATUS; SEXUAL ORIENTATION; OTHER:_____

Name the person you believe harassed you or another person:_____

(Circle one) Is the person who allegedly committed the harassment-

SCHOOL DISTRICT PERSONNEL?   Or   A STUDENT

If this alleged harassment did not occur to you, but you are reporting for another person, please name that person here: _____

IS THIS PERSON A   SCHOOL PERSONNEL/EMPLOYEE?   OR   STUDENT?

Describe the incident as clearly as possible, including such things as what force, if any was used, any verbal statement that were made (for example, threats, demands, requests, etc.), what, if any physical contact was involved? Feel free to continue on the back of this page, or add as many pages as you need.

List any witnesses who were present or have knowledge of this incident.

This complaint is based upon my honest belief that _____ has harassed/discriminated against 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.

_____   _____
Complaining persons signature   **Date**

_____   _____
Report Received by   **Date**

This form was completed with assistance of the person named below (if applicable)-

_____   _____
Name of person assisting in completing form   **Signature**