

**REPORT FORM FOR COMPLAINTS OF UNLAWFUL HARASSMENT**

Complainant: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 School Building: \_\_\_\_\_  
 Date of Alleged Incident(s): \_\_\_\_\_

**Alleged harassment was based on:** \_\_\_\_\_

Name of person you believe violated the district's unlawful harassment policy:

\_\_\_\_\_

If the alleged discrimination was directed against another person, identify the other person:

\_\_\_\_\_

Describe the incident as clearly as possible, including what force, if any, was used; verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved. Attach additional pages if necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When and where incident 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