

HARASSMENT COMPLAINT FORM

Name of complainant: _____
Home Phone: _____

School/Workplace: _____
Work Phone: _____

Person(s) suspected of harassment (respondent): _____

Nature of the allegations:

Date(s), time(s) and place(s) where the incident(s) took place:

Did anyone witness the incident? Yes no If Yes:

a) Name(s) of witness (es):

b) Description of their respective role in the incident.

How did you react to the harassment?

If applicable, describe any incident that took place previously.

I hereby certify that to the best of my knowledge the above-mentioned information is true, accurate and complete. I understand that by signing this document I agree that a copy may be given to the respondent(s), the respondent's representative and the person designated by the Superintendent of Schools to oversee or conduct the investigation.

Signature of the complainant

Date