

STUDENT PERSONNEL

Series 500

HARASSMENT COMPLAINT FORM

CODE NO. 502.10E1

Name of complaint: _____

Relationship to District: Employee Student Volunteer
Other _____
 Specify Department/School

Home Address: _____

Work Address : _____

Home Phone: _____ Work Phone: _____

Date of complaint: _____

Name of alleged harasser: _____

Date and place of incident or incidents: _____

Description of misconduct: _____

Name of witnesses (if any): _____

Evidence of harassment, i.e.; letters, photos, etc. (attach evidence if possible): _____

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Complainant Signature Date

Parent signature if student is considered a minor Date

Received by

Date