

APPROVED:

REVISED: June 18, 2012

**Policies 248: REPORT FORM FOR COMPLAINTS  
OF UNLAWFUL HARASSMENT FROM STUDENTS**

Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School Building/Office: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Alleged harassment was based on (Circle those that apply):

- |          |                    |                 |
|----------|--------------------|-----------------|
| Race     | Color              | National Origin |
| Gender   | Age                | Disability      |
| Religion | Sexual Orientation |                 |

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 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 upon 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

- Principal/Supervisor  
 Director of Pupil and Staff Services

\_\_\_\_\_  
Date