

EMPLOYEE COMPLAINT FORM – HARASSMENT

1. Name: _____
2. School/Building: _____
3. Describe the conduct you found objectionable, including what force, if any was used; verbal statements (threats, requests, demands, etc.); what if any physical contact was involved (additional sheets may be attached):
4. The name of the person or persons alleged to be harassing you:

5. If the alleged unlawful harassment was directed against another person identify the other person:

6. Date of the incident described in #3: _____
7. Approximate time of the incident's occurrence, as described in #3: _____
8. Location of the incident described in #3:

9. Names of any witnesses to the incident described in #3:

10. Please briefly identify the actions you would like to be taken by the School District in correcting the matter you have identified:

11. Date this complaint was submitted:

Complainant's Signature:

RETURN YOUR COMPLAINT TO YOUR PRINCIPAL OR THE ASSISTANT SUPERINTENDENT, HUMAN RESOURCES AND OPERATIONS, OR THE SUPERINTENDENT.