REPORT OF HARASSMENT

Name of Complainant: _____

For Students, School Attending: _____

For Employees, Position and Location: _____

Address and Phone Number: _____

Email Address: _____

Date(s) of Alleged Incident(s) of Harassment: _____

Name of person(s) you believe harassed you or others: _____

If the alleged harassment was toward another, please identify that person: _____

Please describe in detail the incident(s) of alleged harassment, including where and when the incident(s) occurred. Please note any witnesses that may have observed the incident(s). Attach additional pages if necessary.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge:

_____

Signature of Complainant Date

Complaint Received By: _____

(Principal or Compliance Officer) Date

ADOPTED: March 8, 2005

REVISED: September 10, 2013