REPORT FORM FOR COMPLAINTS OF UNLAWFUL HARASSMENT

Complainant:		
Home Address:		
Home Phone:		
School Building:		
Date of Alleged Incident(s):		
Alleged harassment was based on: (c	ircle those that apply)	
Race	Color	National Origin
Gender	Age	Disability
Religion	Sexual Orientation	•
Name of person you believe violated	the district's unlawful hara	assment policy:
If the alleged harassment was directe	ed against another person, i	dentify the other person:
	nands, etc.); what, if any, pl	hysical contact was involved.
When and where incident occurred:		
List any witnesses who were present	:	
This complaint is based on my hones or another person. I certify that the ir and complete to the best of my know	nformation I have provided	has harassed me in this complaint is true, correct
Complainant's Signature		Date
Received By		Date