Subject: School District Harassment Complaint Form

Name and Position of Complainant:______________________________________

Address: ___________________________ Home Phone___________ Work Phone_________

Date Complaint Filed:___________________________________________________

Name and/or Description of Alleged Harasser: ________________________________

If the Alleged Harassment was toward another Person, Identify that other Person:_______________________________

Description of Alleged Harassment: Describe the incident(s) as clearly as possible, including such things as any verbal statements made ((e.g., threats, requests, demands); what, if any, physical contact was involved; etc. Attach additional pages if necessary.
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Date and Place of Incident(s):___________________________________________

Were there Other Individuals Involved in the alleged Harassment?______________
___________________________________________________________________

Names of Witnesses (if applicable):_______________________________________
____________________________________________________________________
____________________________________________________________________

Has the Incident Been Previously Reported?________________________________

(If Yes, When and to Whom?)___________________________________________

Describe the Outcome and/or Resolution:__________________________________
___________________________________________________________________
___________________________________________________________________

(Use additional sheets to provide additional information if necessary.)

Remedy Sought by Complainant:_________________________________________

_________________________________________ ________________________________
Date      Signature of Complainant
Subject: School District Harassment Complaint Form, Appeal Form
(If applicable)

SCHOOL DISTRICT
HARASSMENT COMPLAINT FORM
APPEAL FORM

Name and Position of Complainant: ________________________________________

Date Appeal Filed: ______________________________________________________

Date Original Complaint Filed: __________________________________________

Have There Been Any Prior Appeals Related to this Complaint? _____________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If Yes, When and To Whom? ____________________________________________

Describe the Decision Being Appealed and Why: __________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

_________________   _____________________________________
Date     Signature of Complainant
Subject: School District Harassment Complaint Form, Appeal Form
(If applicable)

SCHOOL DISTRICT
HARASSMENT COMPLAINT FORM
(To be completed by Various District Personnel)

Decision of Complaint Officer and Action Taken:
________________________________________________________
________________________________________________________
________________________________________________________

Action Taken By Superintendent (if applicable):
________________________________________________________
________________________________________________________
________________________________________________________

Action by the Board (if applicable):
________________________________________________________
________________________________________________________
________________________________________________________

Other Comments:
________________________________________________________
________________________________________________________
________________________________________________________

Date ____________________ Signature of Complaint Officer

Date ____________________ Signature of Superintendent