

Franklin County Schools  
Harassment Complaint Form

Name of Complainant: \_\_\_\_\_  
(Circle one) Employee Student

Name of Charged: \_\_\_\_\_  
(Circle one) Employee Student

Nature of Complaint (describe dates, places, names of witnesses, if any, description of the offense, etc. Attach additional pages, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the above information and certify it to be correct.

\_\_\_\_\_  
Complainant's Signature Date

Results of Investigation and Administrative Response:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal's/Administrator's Signature Date

(Complaints of sexual harassment must be reported to and investigated by the Superintendent or his/her designee)