

MARENGO COUNTY SCHOOLS

HARASSMENT REPORT FORM

The policy of the Marengo County Board of Education forbids discrimination against any student on the basis of age, color, creed, disability, gender, handicap, Head Start enrollment, homelessness, limited English proficiency, migrant status, national origin, neglect or delinquency, race, religion, or sex. This policy applies to harassment by other students, employees, or other individuals who are subject to the control of school authorities. No student shall be subjected to harassment, violence, threats of violence, or intimidation.

Complainant (or person reporting an incident): _____

Date of alleged incident(s): _____

Name of person you believe harassed you
(or person you witnessed harassing someone): _____

List any witnesses that were present: _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; what you did to avoid the situation, etc. (Attach additional pages if necessary.)

This complaint is filed based on my honest belief that I have been harassed or have witnessed someone else being harassed. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant (or person reporting an incident) Signature: _____

Date: _____

Received By: _____

Date: _____