HARASSMENT COMPLAINT FORM

School	Date
Student's/Complainant's Name(If you feel uncomfortable leaving your	name, you may submit an anonymous report, but
	port will be much more difficult to investigate.
Who was responsible for the harassment or incid	
Describe the incident(s)	
Date(s), time(s), and place(s) the incident(s)occu	rred
Were other individuals involved in the incident(s If so, name the individual(s) and explain their rol	
Did anyone witness the incident(s)? yes If so, name the witnesses.	
Is there any evidence of the harassment (i.e. lette If so, please describe.	
Did you take any action in response to the incide If yes, what action did you take	nt? □ yes □ no

Were there any prior incidents? □ yes □ no If so, describe any prior incidents	
I agree that all of the information on this form is accurate and true to the best of my knowledge.	
Signature of complainant	
Signatures of parents/legal guardian	
Cross Reference: 3210 Uniform Grievance Procedure	
<u>Legal References</u> : 20 U.S.C. § 1681, et seq. Title IX of the Educational Aments 34 CFR Part 106 I.C. § 67-5909 Acts Prohibited	
Policy History: Adopted on: Revised on:	