HARASSMENT COMPLAINT FORM

Date/Time: __________________ Reporting Person: __________________

Name(s) of victim(s): __________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Alleged perpetrators: __________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Witness if any, (name and identifying Information eg. 4th grade student in class XXX) __________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Type of Harassment (circle all that apply):
Called Mean Names Excluded Hit, Kicked, Punched Told Lies or False Rumors
Threatened Racial Comments Sexual Comments Jokes/Stories
Other (explain): ____________________________________________________________________________

Harassment was based on actual or perceived (please check all that apply):
Race _____ Color _____ Weight _____ National Origin _____ Ethnic Group _____ Religion _____
Religious Practice _____ Disability _____ Sexual Orientation _____ Gender Identity _____ Sex _____
Other (specify): ____________________________________________________________________________

Where did the Harassment take place? (circle all that apply):
Field/Court Hallway In class with Teacher Locker Room In class without Teacher
Bathroom Line-up area Lunchroom School Event To/From School
Bus Stop Bus Electronic (i.e. Facebook, Texting)
Specify/Other: ______________________________________________________________________________

People the Victim has spoken to about the Harassment incident (circle all that apply):
Teacher Other Adult at School Parent/Guardian Sibling Friend
___________________________________________________________________________________________
___________________________________________________________________________________________

Description of each incident, by date:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Other relevant information:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

For office use only-----------------------------------------------

Parent Contact? Yes ____ No ____ Referral? Yes ____ No ____
Remedy, outcome or resolution sought by complainant:
___________________________________________________________________________________________
___________________________________________________________________________________________