

<b>Britton-Hecla School District</b>	<b>GBAB</b>
<b>Policies</b>	

**HARASSMENT REPORT FORM**

Complainant Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Date and time of alleged incident(s) \_\_\_\_\_

Place where alleged incident(s) occurred \_\_\_\_\_

Name of person you believe harassed you \_\_\_\_\_

Describe the incident(s) as clearly as possible \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any witnesses that were present \_\_\_\_\_

What action, if any, has been taken? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has discriminated against me based on my \_\_\_\_\_. I hereby certify the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

Adopted: 08/10/09

Revised/Reviewed: **11/13/17**