REPORT FORM FOR COMPLAINTS OF DISCRIMINATION/DISCRIMINATORY HARASSMENT

Complainant: _____
Home Address: _____
Phone Number: _____
School Building: _____
Date of Alleged Incident(s): _____

Alleged discrimination/discriminatory harassment was based on: _____

Name of person you believe violated the district's discrimination/discriminatory harassment policy: _____

If the alleged discrimination/discriminatory harassment was directed against another person, identify the other person: _____

Describe the incident(s) as clearly as possible, including any graphic, written, electronic, verbal or nonverbal acts (i.e., offensive jokes, slurs, epithets and name-calling, ridicule or mockery, insults or put-downs, offensive objects or pictures, physical assaults or threats, intimidation, or other conduct). Attach additional pages if necessary: _____
_____
_____
_____
_____

When and where the alleged incident(s) occurred: _____

List any witnesses who were present: _____
_____

This complaint is based on my honest belief that _____ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge. I understand that any false information provided herein is subject to penalties contained in 18 Pa. C.S.A. Sec. 4904, relating to unsworn falsification to authorities.

_____ _____
Complainant's Signature Date

_____ _____
Received By Date

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ACCUSED RESPONSE FORM

Name of Accused: _____

Position of Accused: _____

Date of Complaint: _____

Response of Accused to Unlawful Harassment Allegation: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

WITNESS DISCLOSURE FORM

Name of Witness: _____

Position of Witness: _____

Date of Testimony/Interview: _____

Description of Instance Witnessed: _____

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Any Other Information: _____

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_____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____