

SUPERINTENDENT'S REGULATION 5-1.7 COMPLAINT FORM

**POQUOSON CITY SCHOOL BOARD
500 CITY HALL AVENUE
POQUOSON, VA 23662
(757) 868-3055**

Report of Harassment or Discrimination

Name of Complainant: _____

For Students, School Attending: _____

For Employees, Position: _____

Address and Telephone Number: _____

Date(s) of alleged incident(s) of harassment or discrimination: _____

Name of person(s) you believed harassed or discriminated against you or others:

If the alleged harassment or discrimination was toward another please identify that person:

Please describe in detail the incident(s) of alleged harassment or discrimination, including where and when the incident(s) occurred. Please note any witnesses that may have observed the incident(s). Attach additional pages if necessary.

Please describe any past incidents that may be related to this complaint.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge:

Signature of Complainant _____ **Date** _____

Complaint Received By: _____ **Date** _____
(Principal or Compliance Officer)