

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)
------------------------------	-----------------------------	---

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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
<hr/>	<hr/>	<hr/>	<hr/>

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:
