5-1.7 F1 REPORT OF HARASSMENT

Fauquier County Public Schools

Report of Harassment

Name of Complainant: _____

For Students, School Attending: _____

For Employees, Position: _____

Address and Phone Number: _____

_____

Date(s) of Alleged Incident(s) of Harassment: _____

Name of person(s) you believe harassed you or others: _____

If the alleged harassment was toward another, please identify that person: _____

_____

Please describe in detail the incident(s) of alleged harassment, including where and when the incident(s) occurred. Please name 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. Attach additional pages if necessary.

_____
_____
_____

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: _____ _____
(Principal or Compliance Officer) Date