

LEARN

Harassment Complaint (Part 1)
Complaint Form

Name of Student _____

Name of Complainant (if not student) _____ Date _____

Home Address _____

Phone _____ LEARN Program _____

Program Location _____

Teacher/staff _____

Person(s) complaint is against:

_____ Address _____ Phone _____

_____ Address _____ Phone _____

Type of Harassment Alleged:

____ Racial/Ethnic ____ Religious ____ Disability ____ Sexual ____ Gender ____ Other (Please specify) _____

Incident: Date _____ Time _____ Place _____

Describe the incident (verbal and nonverbal behaviors):

List any related prior incidents:

List potential witnesses/observers:

Name Position/Relationship Address/Phone Number

Name Position/Relationship Address/Phone Number

Signatures: Complainant _____ Parent _____ Date _____

LEARN Investigator/Adjudicator _____ Date _____

Cc: LEARN Executive Director
Procedures for Policy 5005

LEARN
Harassment Complaint (Part 2)
Investigator/Adjudicator Report Form

Name of Student _____

Name of Complainant (if not student) _____

Date Complaint Lodged _____

Person(s) complaint is against _____

Persons Interviewed:

Incident Findings:

Actions/Resolution Recommended by Complaint Adjudicator:

Signature of LEARN Investigator/Adjudicator

_____ Date _____

Signature of Executive Director

_____ Date _____