



HARASSMENT GRIEVANCE REPORT
Form A

***Can Be Filed in person or by postal mail or email to beguilford@dothan.k12.al.us**

Complainant's Victim's Name: _____ **School:** _____ **Tel# of Parent:** _____

Name of Alleged Respondent: _____

Date and Place of Incident(s): _____

Description of Incident(s): _____

Names of Witnesses: _____

Evidence of Harassment, e.g., letters, photos: _____

Any Other Information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge. I am requesting that Dothan City Schools conduct an investigation into these allegations.

Name: _____

Signature: _____

Address: _____

Date: _____

Received by: _____ **Position:** _____

School: _____ **Date:** _____ **Time:** _____