



HARASSMENT COMPLAINT FORM

1. Name of complainant: _____

4. Person(s) suspected of harassment (respondent):

5. Nature of the allegations:

6. Date(s), time(s) and place(s) where the incident(s) took place:

7. Did anyone witness the incident? yes no

If yes:

a) Name(s) of witness(es):

b) Description of their respective role in the incident.

8. How did you react to the harassment?

9. If applicable, describe any incident that took place previously.

I am filing this complaint because I honestly believe that _____ has been harassing me.

I hereby certify that to the best of my knowledge the above-mentioned information is true, accurate and complete. Making false or frivolous allegations is in violation of this policy and subject to disciplinary sanctions.

Furthermore, I realize that an inquiry will be initiated once this complaint has been filed.

Signature of the complainant or his parents/legal guardians

Date