

<u>Brookings School District</u> Policies and Regulations	AC-E
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HARASSMENT/BULLYING REPORT FORM

Complainant Name _____

Home Address: _____ Home Phone _____

Work Address: _____ Work Phone _____

Date and time of alleged incident(s): _____

Place where alleged incident(s) occurred: _____

Name of person you believe harassed you: _____

Describe the incident(s) as clearly as possible: _____

List any witnesses that were present: _____

What action, if any, has been taken? _____

This complaint is filed based on my honest belief that I have been the subject of harassment. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief. If an employee files a false claim, he or she will face disciplinary action.

Complainant Signature

Date

Received by

Date

This complaint must be delivered to the Supervisor, Building Principal or Superintendent

Administrator's conclusion/and or findings:

Administration

Date