



File AF-E

HARASSMENT DOCUMENTATION AND COMPLAINT FORM

Name of alleged victim(s) of harassment:

School: _____

Home address: _____

Home telephone: _____

Student

Staff

Other _____

Name of alleged harasser(s):

Student

Staff

Other _____

Date incident occurred: _____

Time incident occurred: _____

Place incident occurred: _____

Detailed description of incident: Who, What, Where, When, How: (Additional space available on reverse).

Names of person witnessing the incident: _____

Names of person to whom this incident was reported: _____



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Agreed upon method of dealing with this incident:
(To be discussed with the person assigned to action this complaint).

- Informal complaint
- Formal complaint

Signature of complainant

Date

Received by (name & title) Signature of recipient

Date Received

Referred to (person & title)

Date received

Received by (name & title) Signature of recipient

Date received

Signature of recipient

Date

Detailed description of incident: Who, What, Where, When, How: *(continued from first page)*

Signature of complainant

Date

Received by (name & title) Signature of recipient

Date Received

Referred to (person & title)

Date received

Received by (name & title) Signature of recipient

Date received

Signature of recipient

Date