

**FORM FOR STAFF REPORTS OR COMPLAINTS OF
NON-DISCRIMINATION/SEXUAL HARASSMENT**

Name: _____

Date: _____

School: _____

Who was responsible for the alleged discriminatory/sexual harassment conduct?

Describe the alleged discriminatory/sexual harassment conduct.

Date(s), time(s) and place(s) the conduct occurred: _____

Were there other individuals involved in the incident(s)? _____

If so, name the individual(s) and what their role was. _____

Did anyone witness the incident(s)? _____ **If so, name the witnesses.**

What was your reaction to the incident(s)? _____

Describe any prior incidents. _____

Signature of Complainant or Parents/Legal Guardians:
