

REPORT OF HARASSMENT

Name of Complainant: _____

For Students, School Attending: _____

For Employees, Position and Location: _____

Address, Phone Number and Email Address: _____

Date(s) of Alleged Incident(s) of Harassment: _____

Name of person(s) you believe harassed you or others _____

If the alleged harassment was toward another, please identify that person:

Please describe in detail the incident(s) of alleged harassment, including where and when the incident(s) occurred. Please note any witnesses that may have observed the incident(s). Please include a description of any past incidents that may be related to this complaint. Attach additional pages if necessary.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge.

Signature of Complainant

Date

Complaint Received By: _____
(Principal or Compliance Officer) Date

GILES COUNTY PUBLIC SCHOOLS