

REPORT FORM FOR COMPLAINTS OF UNLAWFUL HARASSMENT

Complainant: _____
Home Address: _____
Home Phone: _____
School Building: _____
Date of Alleged Incident(s): _____

Alleged harassment was based on: (circle those that apply)

- | | | |
|----------|--------------------|-----------------|
| Race | Color | National Origin |
| Gender | Age | Disability |
| Religion | Sexual Orientation | |

Name of person you believe violated the district's unlawful harassment policy:

If the alleged harassment was directed against another person, identify the other person:

Describe the incident as clearly as possible, including what force, if any, was used; verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved. Attach additional pages if necessary: _____

When and where incident occurred: _____

List any witnesses who were present: _____

This complaint is based on my honest belief that _____ has harassed me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature _____
Date

Received By _____
Date

Unlawful Harassment Interview Form

Name of Complainant _____

Job Title _____

Building where employed _____

Date(s) of Harassment _____

Individual(s) who allegedly committed harassment:

	Name	Job Title	Building where they work
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Describe in detail the dates and the nature of the harassment allegedly committed by each individual identified above:

Identify all employees or others with knowledge of the specified conduct:

Are there any documents or information, which may support the allegations, described above?

Is there any physical evidence, which supports your complaint(s)? If so, please describe or attach:

Have you missed any work as a result of the alleged incident? If so, when:

Have you incurred any unreimbursed medical expenses as a result of the alleged unlawful harassment? If yes, please list:

If you have previously complained about this or related acts of unlawful harassment, please identify the individual to whom you complained, the date of the complaint and the resolution of your complaint.

What is your requested remedy?

ACKNOWLEDGEMENT

The information that I have provided herein is true and correct.

Complainant _____
Signature

Date _____

Title IX Coordinator/Witness _____
Signature

Date _____

In order to investigate your complaint, it will be necessary to interview you, the alleged harasser(s), and any witnesses with knowledge of the allegations or defenses. The Connellsville Area School District will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action up to and including dismissal.

I am willing to cooperate fully in the investigation of my complaint and to provide whatever evidence the Connellsville Area School District deems relevant.

Complainant _____
Signature

Date _____

Title IX Coordinator/Witness _____
Signature

Date _____