

**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?

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

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

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

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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.

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What is your requested remedy?

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**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 \_\_\_\_\_