File: GBA-F/JFHA-F

## REPORT OF HARASSMENT

Name of Complainant:			
For Students, School Attend	ing:		
For Employees, Position and	l Location:		
Address, Phone Number and Email Address:			
Date(s) of Alleged Incident(s	s) of Harassment:		
Name of person(s) you belie	ve harassed you or	others:	
If the alleged harassment wa	s toward another, p	please identify that p	erson:
Please describe in detail the incident(s) occurred. Please include a description of any additional pages if necessary	note any witnesses past incidents that	s that may have obse	rved the incident(s). Please
I certify that the information my knowledge:	provided in this re	port is true, correct a	and complete to the best of
Signature of Complainant	Date		
Complaint Received By:			
•	(Principal or Con	npliance Officer)	Date