

Regulation

GENERAL COMMITMENTS

0015.1

REPORT OF POSSIBLE HARASSMENT, BULLYING OR DISCRIMINATION

This form is to be used by any employee, student or parent/guardian who believes he/she has witnessed, heard about, or been the victim of harassment, bullying, or discrimination. Any such event must be reported immediately to the building level DASA Coordinator.

Date: _____

Your Name: _____

Home Address: _____

Home Telephone: () _____

Work Address: _____
(if applicable)

Work Telephone: () _____
(if applicable)

Date of Alleged Incident(s): _____

Basis of harassment, bullying or discrimination: _____

Name of person(s) you believe discriminated against you: _____

List any witnesses that were present: _____

Where did the incident(s) occur? _____

Have you filed this charge with Federal, State or Local Government? _____

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Describe the incident(s) as clearly as possible, including such details as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

What would you like done to correct this situation?

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

Your Signature

Date

Received by: _____

Date

Approved by the Superintendent: 05/11/15, 03/13/19