

ILLEGAL HARASSMENT REPORT FORM

The Walled Lake School District maintains a firm policy prohibiting all forms of illegal harassment. All persons are to be treated with respect and dignity. Illegal harassment on the basis of sex, religion, race, color, national origin, age, height, weight, marital status or disability by any person – male or female – will not be tolerated. If you believe you are a victim of illegal harassment, you should complete this form and return it to your supervisor, building principal or district complaint officers: the Assistant Superintendent of Human Resources, or Assistant Superintendent of Business Services. Your complaint will then be investigated. Every effort will be made to keep the matter confidential, subject to district policies and procedures.

Name (please print): _____
 Student Employee Agent of the District

Home Address: _____

Parent's Name (if you are a student): _____

Home Telephone: _____ Parent Work Telephone: _____

Date(s) of alleged incident(s): _____

Name of person(s) you believe harassed you: _____

List any witnesses who were present: _____

Where did the incident(s) occur? _____

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

This complaint is filed based on my honest belief that _____
 has harassed me. 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.

Complainant's Signature: _____ Date _____

Received by: _____ Date _____