

Student and Staff Personnel

Series 400

Policy Title Harassment Complaint Form

Code No. 403.5-E-1
Also 504.14

Name of complainant: _____

Position of complainant: _____

Date of complaint: _____

Name of alleged harasser: _____

Date and place of incident or incidents: _____

Description of misconduct: _____

Name of witnesses (if any): _____

Evidence of harassment, i.e., letters, photos, etc. (attach evidence if possible): _____

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

Reviewed: March 3, 2008
February 4, 2013
October 17, 2016
April 17, 2017

