



ABERDEEN SCHOOL DISTRICT

POLICIES AND REGULATIONS

NEPN Code: JIAA-E

HARASSMENT/SEXUAL HARASSMENT REPORT FORM

Complainant Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Date and time of alleged incident(s):

Place where alleged incident(s) occurred:

Name of person you believe harassed you:

Describe the incident(s) as clearly as possible:

List any witnesses that were present:

What action, if any, has been taken:

List evidence if applicable:

This complaint is filed based on my honest belief that _____
has discriminated against me based on my _____. I hereby
certify the information I have provided in this complaint is true, correct and complete to the best
of my knowledge and belief.

Complainant Signature

Date

Received by Signature

Date