File: GBA-F/JFHA-F

REPORT OF HARASSMENT

Name of Complainant:		
For Students, School Attender	ding:	
For Employees, Position ar	nd Location:	
Address, Phone Number _ and Email Address:		
Date(s) of Alleged Incident((s) of Harassment:	
Name of person(s) you beli	eve harassed you or others:	
· ·	vas toward another, please identify that	
Please describe in detail the when the incident(s) occurr	e incident(s) of alleged harassment, incled. Please note any witnesses that may a description of any past incidents that related pages if necessary.	uding where and y have observed the
I certify that the information best of my knowledge:	provided in this report is true, correct a	nd complete to the
Signature of Complainar	nt .	Date
Complaint Received By:	(Principal or Compliance Officer)	 Date