



**Reporting Form for
Unlawful Harassment (Support Employees)**

I. Information about the person making this report

Full Name: _____ Date of Report: _____

Street Address: _____ City, State & Zip: _____

Phone Number: _____ School Building: _____

Affiliation: Student Parent/Guardian Employee Volunteer Visitor Other: _____

If you are not the victim of the reported conduct, please identify the alleged victim.

Name: _____

The alleged victim is: Employee Third Party Other: _____

II. Information about the person(s) you believe are responsible for the harassment you are reporting

Name: _____ Student Employee Other: _____

Name: _____ Student Employee Other: _____

Name: _____ Student Employee Other: _____

III. Information about the conduct you are reporting

Type of Conduct: Verbal Written Graphic Physical

Approximate Date & Time of Incident: _____

Location Where Incident Occurred: _____

Frequency of Conduct: Single incident Occasional incidents Persistent incidents

Please provide the name(s) of anyone who was present, even if only for part of the time, or has knowledge or information related to the reported conduct:

What happened? Provide details:

I believe this harassment was based on:

- Age Ancestry Color Creed Disability Gender Expression Gender Identity
- National Origin/Ethnicity Race Religion Sex Sexual Orientation Transgender

Have you reported this conduct to any other individual prior to giving this report?

Yes No If yes, who did you tell? _____

I certify that this information is true and correct to the best of my understanding.

Signature of Person Reporting Date