511.5 EXHIBIT 1 – EMPLOYEE HARASSMENT COMPLAINT FORM

• EMPLOYEE HARASSMENT COMPLAINT FORM •

Name:	School Official Investigating Complaint:
Date of Report:	Date of Incident:
I wish to report an incident involving (Name of person, school: give department, program, activity, etc.):	
	ackground to the incident and any attempts you have made to resolve ates, times, and places. You may attach another document or use the re more information.
2. List any witness or witnesses:	
3. Proposed solution, if any:	
I certify that there is no falsification of the my knowledge.	he above information and events are accurately depicted to the best of
Signature of Complainant:	Date:
Board Approved: August 10, 2015	

511.5E-1