

Administrative Procedure 409 – Form 1 (AP 409) Harassment Complaint

Name of complainant: _____ School/Workplace: _____

Home Phone: _____ Work Phone: _____

Person(s) suspected of harassment
(respondent): _____

Nature of the allegations:

Date(s), time(s) and place(s) where the incident(s) took place:

Did anyone witness the incident? Yes No

If Yes:

a) Name(s) of witness(es):

b) Description of their respective role in the incident.

How did you react to the harassment?

If applicable, describe any incident that took place previously.

I hereby certify that to the best of my knowledge the above-mentioned information is true, accurate and complete. I understand that by signing this document I agree that a copy may be given to the respondent(s), the respondent's representative and the Superintendent.

Signature of Complainant

Date