

DISCRIMINATION AND HARASSMENT COMPLAINT FORM

General Information

Name of Complainant: _____ Date of Referral: _____

Date of Incident: _____ Location of Incident: _____

Reported by: _____ Title of Reporter: _____

Check if filing on behalf of someone else Name of Alleged Victim: _____

Status of Complainant: Student Staff Visitor Other _____

Type of Complaint: Discrimination Harassment Retaliation

Basis of Complaint: Race Religion Gender Color
 Disability Age Other _____

Person(s) Responsible for the Alleged Action:	Relationship to Complainant:		
Name _____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other _____
Name _____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other _____
Name _____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other _____
Name _____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other _____

Description

Describe specific act(s) alleged with as much detail as possible. Include any statements made and/or any physical contact that was involved. Attach additional pages as necessary.

Witnesses

Has anyone witnessed the alleged behavior? Yes No
If yes, list names and contact information:

Desired Outcome

What remedy or resolution is the Complainant seeking?

Prior Reporting

Has the the incident/harassment been previously reported? Yes No
If yes, to whom, when, and what was the outcome or resolution

Action Taken

What actions have been taken to follow up on this complaint? Please provide as much detail as possible including the names, dates and statements of any witnesses interviewed, etc.

Resolution

What is the outcome or resolution of the matter?

Communication of Resolution

Has the resolution been communicated to the Complainant? Yes DATE: _____
Has it been communicated to the Parent (if appropriate)? Yes DATE: _____

**** Remind the participant that retaliation against a complainant or investigation participant is prohibited. Encourage the participant to report any additional information of which they become aware to the investigator or the DASA and Title IX Coordinator, Renee Widor at rwidor@normanhorward.org, or by phoning 585-334-8010, extension 305.***