

AP 1-503 – HARASSMENT DOCUMENTATION AND COMPLAINT FORM

Name of Alleges Victim(s) of Harassment:	
	± Student
School:	± WSD Staff
Home Address:	± Other
Home Telephone:	
Name of Alleged Harasser(s):	± Student
	± WSD Staff
	± Other
Name of Person Completing This Form (If Different From Alleged Victim	n): ± Student
Nume of Ferson completing find Form (in Bineferic From Ameged Victim	± WSD Staff
	± Other
	- Other
Date Incident Occurred:	
Time Incident Occurred:	
Place Incident Occurred:	
Detailed Description of Incident; Who, Where, What, When, How: (Add	ditional space available on reverse)
-	
Names of Persons Witnessing The Incident:	
Names of Person To Whom This Incident Was Reported:	
Agreed Upon Method Of Dealing With This Incident:	± Informal Complaint
(To be discussed with the person assigned to action this complaint.)	± Formal Complaint
Signature of Complainant	Date
Descript Dr. (Norse and Title) Construct of Descript	- Data Baselined
Received By (Name and Title) Signature of Recipient	Date Received
Referred to (Person and Title)	Date Referred
Received By (Name and Title) Signature of Recipient	Date Received
Signature of Recipient	Date Received
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Administrative Procedures Manual ◆ AP 1-000 – General Administration

Description of Incident; Who, Where, What, When, How: (Continued from first page)	
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Signature of Complainant	Date
Received By (Name and Title) Signature of Recipient	Date Received
Referred to (Person and Title)	Date Referred
Received By (Name and Title) Signature of Recipient	 Date Received

Reviewed: November 2012