



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):

± Student

± WSD Staff

± Other

Date Incident Occurred: _____

Time Incident Occurred: _____

Place Incident Occurred: _____

Detailed Description of Incident; Who, Where, What, When, How: (Additional 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:

(To be discussed with the person assigned to action this complaint.)

± Informal Complaint

± Formal Complaint

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

Signature of Recipient

Date Received

