File: GBA-F/JFHA-F

## REPORT OF HARASSMENT

Name of Complainant:
For Students, School Attending:
For Employees, Position and Location:
Address, Phone Number
and Email Address:
Date(s) of Alleged Incident(s) of Harassment:
Name of person(s) you believe harassed you or others:
If the alleged harassment was toward another, please identify that person:
Please describe in detail the incident(s) of alleged harassment, including where and when the incident(s) occurred. Please note any witnesses that may have observed the incident(s). Please include a description of any past incidents that may be related to this complaint. Attach additional pages if necessary.
I certify that the information provided in this report is true, correct and complete to the best of my knowledge:
Signature of Complainant Date
Complaint Received By:  (Principal or Compliance Officer)  Date