

UNIONTOWN AREA SCHOOL DISTRICT

COMPLAINT FORM

1. Name of Complainant: _____
2. Name of individual committing the alleged harassment:

3. Complainant's relationship to individual engaging in alleged harassment:

4. Describe the specific act(s) alleged. If additional space is needed, you may attach separate sheets: _____

5. Location(s) of alleged incident(s): _____
6. Date(s) and approximate time(s): _____
7. Name(s) of witnesses to this behavior: _____
8. Please provide the name(s) of anyone to whom you reported the alleged harassment: _____

9. What action did you take to attempt to stop the harassment? _____

10. Additional information and/or comments: _____

Signature of person making complaint: _____ Date: _____

Signature of person receiving report: _____ Date: _____
