File: GBA-F/JFHA-F

## REPORT OF HARASSMENT

Name of Complainant:		
For Students, School Attending	:	
For Employees, Position and Lo	ocation:	_
Address, Phone Number and Email Address:		
_		
Date(s) of Alleged Incident(s) of	of Harassment:	
Name of person(s) you believe	harassed you or others:	
If the alleged harassment was to	oward another, please identify that person:	
incident(s) occurred. Please not	ident(s) of alleged harassment, including where and when the te any witnesses that may have observed the incident(s). Please at incidents that may be related to this complaint. Attach	• /
I certify that the information promy knowledge:	ovided in this report is true, correct and complete to the best of	
Signature of Complainant	Date	
Signature of Complaniant	Date	
Complaint Received By:	Principal or Compliance Officer) Date	
(1		