

**ACB-R3**

**STUDENT/PARENT/COMMUNITY MEMBER REPORTING FORM**

Report form for reports or complaints of sexual harassment, and harassment because of race, national origin, and disability

Complainant  
Home Address  
Work Address (if applicable)  
Home Phone  
Work Phone  
Date of alleged incident(s)  
Did the Incident involve:

- Sexual harassment
- Racial harassment
- Harassment because of a disability
- Physical or verbal violence

Name of person you believe harassed you or another person:

If the alleged harassment was toward another person, identify that person:

Describe the incident: (include such things as what force, if any, was used, any verbal statements, any physical contact, attach additional pages in needed)

When and where did the incident occur?

List any witnesses who were present:

The complaint is based upon my honest belief that \_\_\_\_\_ harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's signature  
Date  
Received by  
Date

**Adoption Date:** August 12, 1999  
**Reviewed/Approved:** May 8, 2008