

**MOON AREA SCHOOL DISTRICT
COMPLAINT FORM – UNLAWFUL HARASSMENT**

Your Name: _____

Date: _____

School/Department: _____

Who was harassed? _____

Who was responsible for the harassment? _____

Describe the harassment: _____

(Attach additional pages if necessary)

Date(s), time(s), and place(s) the harassment occurred _____

Were there other individuals involved in the harassment? _____ If so, name the individual(s) and what their role was. _____

Did anyone witness the harassment? _____ If so, name the witnesses. _____

What was your reaction to the harassment? _____

Describe any prior incidents. _____

This complaint is based upon my honest belief that _____ has 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)