

**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)