



**EMPLOYEE HARASSMENT COMPLAINT FORM**

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone (Home) Telephone (School or Work)

Name of individual filing complaint: \_\_\_\_\_

Student  Employee  Parent  Other Please Specify: \_\_\_\_\_

The complaint alleges harassment on the basis of: \_\_\_\_\_

Statement of Complaint. Please describe as best you can exactly what happened to you that leads you to believe that you have been harassed. Include dates, if you can, and the names of everyone who was involved in the harassment or saw or heard what happened. If there was more than one incident of harassment, please describe each incident separately. You may use the back of this form or another sheet of paper (if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I authorize the Beaver Dam Unified School District to conduct an investigation into this complaint, including reviewing this complaint with the accused individual.

\_\_\_\_\_  
Signature of Complainant Date