

SALEM CITY PUBLIC SCHOOLS HARASSMENT COMPLAINT FORM

It is the policy of the City of Salem School Division to maintain learning and working environment that is free from harassment. The school division prohibits any form of harassment. The Salem School Division is committed to diligently investigating complaints of harassment and taking proper corrective action where justified.

Complainant	Work or School Site
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Home Address	City	State	Zip
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Home Phone

Date of incident(s) _____

Person who harassed you _____

Where did the incident (s) occur? _____

List any witnesses who were present _____

Please describe in detail the alleged harassment as clearly as possible; including where and when the incident(s) occurred; if any physical contact was involved; and if any past incident(s) may be related to this complaint. Attach additional pages if necessary.

I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant's Signature	Date
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Recipient of Complaint	Date
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Title: _____

Resolution:
