STUDENT HARASSMENT
HARASSMENT COMPLAINT FORM

Name of complainant:

Position of complainant:

Date of complaint:

Name of alleged harasser:

Date and place of incident or incidents:

Description of misconduct:

Name of witnesses (if any):

Evidence of harassment, i.e., letters, photos, etc. (attach evidence if possible):

Any other information:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature:

Date:

JESUP COMMUNITY SCHOOL DISTRICT
<table>
<thead>
<tr>
<th>Name of witness:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position of witness:</td>
</tr>
<tr>
<td>Date of testimony, interview:</td>
</tr>
<tr>
<td>Description of incident witnessed:</td>
</tr>
<tr>
<td>Any other information:</td>
</tr>
</tbody>
</table>

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: 

Date: 