

Auburn City Schools Harassment Investigation Form

Complete and return to the Assistant Superintendent or the Director of Human Resources

Complainant: (Print Name) _____

Date: _____

School / Department: _____

Who was responsible for the harassment? _____

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.), what, if any physical contact was involved.

Date(s), time(s), and place (places) 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 harasser? _____

Describe any prior incidents _____

Remedy sought _____

Signature of Complainant: _____