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: ___________________________________________

____________________________________________________________________