

Employee/Student Informal Interview Form
Student Harassment/Intimidation/Bullying

It is the policy of the Granite Falls school District to maintain a learning and working environment that is free from harassment/intimidation/bullying.

Complainant Name: _____ Position: _____

Home Address: _____ Phone: _____

School Site/Bldg: _____ Phone: _____

Name alleged harasser: _____

The alleged harasser works for the district: Yes Worksite: _____ Position: _____
 No

The alleged harasser is a student: Yes Building: _____ Grade: _____
 No

Relationship of alleged harasser to you:

- Teacher/Administrator Support Staff Student
 Supervisor Co-Worker Other: _____

Date(s) of alleged incident(s): _____

Where and when did the incident(s) occur? _____

Describe the incident(s) of offensive behavior on the part of the alleged harasser as clearly as possible including comments, actions, requests, physical contact, etc. Attach additional pages if necessary.

List any individuals who may have witnessed or had knowledge of the incident(s) of harassment.

Have steps been taken to resolve this prior to this report? Yes No If yes, describe:

How would you like to see the problem resolved? _____

Course of Action:

After an informal interview the interviewee wishes to:

Check One	Description	Comments
	Confront the harasser in person.	
	Write the harasser a letter describing the offensive behavior, how it makes the complainant feel, and request the behavior to stop.	
	Ask the supervisor, building administrator, or Title IX officer to confront the harasser and requires the behavior to stop.	
	Other:	

If the complaint is successfully resolved through the informal process, this form shall be filed with the Title IX Compliance Officer.

If the interviewee does not wish to follow the informal procedure, or is not satisfied with the results of the informal process, (s)he may request a formal complaint process.

Do you wish to the district to take further action? Yes No If no, why? _____

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

Form completed by: Complainant Bldg/Program Administrator/Teacher/Support Staff (circle one)

Received By: PRINT NAME _____ Date _____

Signature _____

District Action: None Other (Explain action or non-action below)

Resolution/Date: _____

Complainant's Signature _____

Investigator's Signature _____

Formal Report Form Student Harassment/Intimidation/Bullying

It is the policy of the Granite Falls school District to maintain a learning and working environment that is free from harassment/intimidation/bullying.

Complainant Name: _____ Grade: _____

Home Address: _____ Phone: _____

School Site/Bldg: _____ Phone: _____

Name of person you believe harassed/intimidated/bullied you: _____

Please provide location where alleged incident occurred:

Site/Address: _____

Relationship of harasser to you:

Teacher/Principal Support Staff Fellow Student Other: _____

Date(s) of alleged incident(s): _____

Where and when did the incident(s) occur? _____

Describe the incident(s) of offensive behavior on the part of the alleged harasser as clearly as possible including comments, actions, requests, physical contact, etc. Attach additional pages if necessary.

List any individuals who may have witnessed or had knowledge of the incident(s) of harassment.

Have steps been taken to resolve this prior to this report? Yes No If yes, what? _____

How would you like to see the problem resolved? _____

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

Complainant Signature

Date

Form completed by: Complainant Bldg/Program Administrator/Teacher/Support Staff (circle one)

Received By: PRINT AND SIGN NAME _____

Date

Resolution/Date: _____

Complainant's Signature

Investigator's Signature