

### Formal Report Form Employee Harassment

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

Complainant Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Site/Bldg: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person you believe harassed you: \_\_\_\_\_

If he/she is an employee of the district, please provide location and position, if possible:

Work Site: \_\_\_\_\_ Position: \_\_\_\_\_

Relationship of harasser to you:

Supervisor  Coworker  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?      o Yes      o 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:      o Complainant      o Bldg/Program Administrator

\_\_\_\_\_  
Received By/Date