

**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? \_\_\_\_\_

\_\_\_\_\_

<b>I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.</b>	
_____	_____
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 \_\_\_\_\_