

Student Formal Harassment/Discrimination Complaint Form



Spokane Public Schools
excellence for everyone

COMPLAINANT INFORMATION

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Student Employee Other (Specify) _____

Place of Work/School _____ Title/Grade _____

INCIDENT INFORMATION

Name of Alleged Perpetrator _____ Title _____

When did the alleged incident(s) occur? _____

Where did the alleged incident(s) occur? _____

WITNESS INFORMATION

List any witness(es) who may have seen or who may know something about the alleged incident:

Are you aware of others who may be subject to alleged behavior by the individual against whom this complaint is made?

Yes No

If so, who? _____

Is this sexual harassment? Yes No

Is the sexual harassment severe, persistent, or pervasive? Yes No

Does the sexual harassment affect the student's education? Yes No

Does the sexual harassment create a hostile or abusive educational environment? Yes No

Identify the specific behavior, comment or conduct that led you to believe you were bullied/intimidated, harassed or discriminated against. Include dates, times, places, witnesses (names, addresses, phone numbers) and other specific information relation to the occurrence(s). Also include such things as whether any force was used, as well as what, if any, verbal or non-verbal gestures were made (i.e., threats, requests, demands, etc.). You may use additional sheets if necessary.

CERTIFICATION

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

Complainant's Signature

Date Filed

Received By

Date Received