

Discrimination and Harassment Report Form: The Oconomowoc Area School District maintains a firm policy prohibiting all forms of discrimination and harassment. All persons are to be treated with respect and dignity. Discrimination and harassment of any form by any person, male or female, which creates an intimidating, hostile or offensive environment will not be tolerated under any circumstances.

Complainant Name:

Home Address:

Work Location:

Home Phone:

Work Phone:

Date of alleged incident(s):

Name of person you believe discriminated against or harassed you:

List any witnesses who were present:

Describe the incident(s) 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; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

This complaint is filed based on my honest belief that (name)

has discriminated against or harassed me. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant Signature

Date

Received by