

# Dell Rapids School District #49-3

## Policies and Regulations Code: A – Foundations & Basic Commitments



### ACAA-E COMPLAINT OF SEXUAL HARASSMENT

Complaint #: \_\_\_\_\_

Student, parent, or staff person making the complaint of harassment:

Name: \_\_\_\_\_

Date of report: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Student/staff member being harassed: \_\_\_\_\_

When and where did this incident happen?

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Who was involved? (List names)

What happened? (Include as many details as possible – attach additional pages if needed)

Were there any witnesses to the incident, or are there students/staff who may have information about this incident?     Yes     No    If yes, list names:

What did you do or say to respond to the harassment?

Make a list of previous attempts to stop the harassment (if any)

Do you think there will be more of this activity?     Yes     No    If yes, when and where will it probably happen?

Has anyone contacted law enforcement about this incident?     Yes     No

Your relationship to the victim: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name (please print): \_\_\_\_\_

Witness Address: \_\_\_\_\_