File: GBA-F/JFHA-F

## REPORT OF HARASSMENT

Name of Complainant:		
For Students, School Attending:		
For Employees, Position and Loca	tion:	
Address, Phone Number and Ema	il Address:	
Date(s) of Alleged Incident(s) of Ha	arassment:	
Name of person(s) you believe ha	rassed you or others:	
If the alleged harassment was tow	ard another, please identify	that person:
Please describe in detail the incide the incident(s) occurred. Please no Please include a description of any Attach additional pages if necessary	ote any witnesses that may be past incidents that may be	nave observed the incident(s).
I certify that the information provide of my knowledge:	ed in this report is true, corre	ect and complete to the best
Signature of Complainant	Date	
Complaint Received By:	Compliance Officer or Principal	 Date