

**Traverse City Area Public Schools  
HARASSMENT REPORT FORM**

5517F

**Statement of Policy Prohibiting Harassment**

The Traverse City Area Public Schools Board of Education maintains a firm policy prohibiting all forms of discrimination. All persons are to be treated with respect and dignity. Harassment by any person, male or female, which creates an intimidating, hostile or offensive environment, will not be tolerated under any circumstances.

<b>Complainant</b>	
<b>Home Address</b>	
<b>Home Telephone</b>	
<b>Work Telephone</b>	
<b>Date &amp; Location of Alleged Incident(s)</b>	
<b>Name of Person you believe Harassed you</b>	
<b>List any Witnesses that were Present</b>	

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); 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 \_\_\_\_\_ has 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's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by:

\_\_\_\_\_  
Date

PC: Complainant  
Executive Director of Human Resources and Labor Relations  
Superintendent  
Other \_\_\_\_\_