

Attachment I

**HARASSMENT, BULLYING, DISCRIMINATION, AND HATE CRIMES  
REPORTING/COMPLAINT FORM**

**Complainant's Name:** \_\_\_\_\_

**Reporter's Name:** \_\_\_\_\_

Please describe facts and/or circumstances of the incident or pattern of behavior

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of any initial action taken

\_\_\_\_\_  
\_\_\_\_\_

Date(s) of incident(s): \_\_\_\_\_

Time(s) of incident(s): \_\_\_\_\_

Names of witnesses, if any \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Complainant**