

**HARRASSMENT COMPLAINT FORM**

UPPER ST. CLAIR SCHOOL DISTRICT

HARRASSMENT COMPLAINT FORM FOR STUDENTS

STATEMENT REGARDING ALLEGED MISCONDUCT

(Must appear in Original Written Form)

Please specify the exact date, time and place when the event occurred and identify the person(s) involved by name and position.

THE ABOVE STATEMENT WAS MADE OF MY OWN FREE WILL AND ACCORD, AND IT IS A TRUE STATEMENT TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Time

Witness/School Professional Signature

Date

Time