



HARASSMENT COMPLAINT FORM
Form for Use by Employees and Third Parties

The Howard County Public School System is committed to providing an educational and work environment that is free from harassment of any type. If you believe you have experienced or witnessed harassment complete this form. Return the form to your supervisor or the Office of Equity Assurance.

Name _____ Date _____

School/Office _____ Job Title _____

Home Address _____

Cell Phone _____ Home Phone _____

Did you report the incident(s) to your supervisor? If so, was it investigated? _____

Person(s) who you allege committed harassment: _____

Witness(es) to the incident: _____

Date(s), time(s), place(s) the incident (s) occurred: _____

Complaint Summary: *(Please be as detailed as possible. Include persons involved, comments, gestures, etc. Use additional pages if necessary.)* _____

Were there other individuals involved in the harassment? _____

If so, name the individual(s) and explain their role. *(Use additional pages, if necessary)* _____

What was your reaction to the harassment? _____

Describe any prior incidents or other relevant information. _____

Signature of Complainant

Date

*Please be aware that the information you provide is **kept confidential to the extent possible** and will be shared with those persons who are considered essential to the investigation and resolution of the complaint.*