

**JUNCTION CITY SCHOOL DISTRICT
HARASSMENT REPORT FORM
FROM PRINCIPAL / SUPERVISOR**

Subject of Complaint: _____

Name of Complainant: _____

Date of Incident: _____ Time: _____ AM _____ PM Teacher/Supervisor
If Applicable: _____

Building: _____ Specific Location: _____

List Witnesses (if any): _____

When was the incident reported? _____ To Whom? _____

Immediate report to Principal? Yes No Written report within 72 hours? Yes No

If 'No', why not? _____

Describe fully (use additional sheet if necessary), what happened, how, and to whom? _____

What corrective action (discipline) was taken or is planned? _____

Is this consistent with District past practice in discipline for such matters? _____

How will similar incidents be prevented in the future? _____

If a student is the victim, has the parent been notified? Yes No When? _____

Name (please print) Title Date

Principal's or Designee's Signature Date

Date initial report received by Human Rights Officer: _____

Date written report received from investigator (within 10 working days of incident): _____

Regulation Approved: Kathleen Rodden-Nord Date: August 24, 2009