

MECKLENBURG COUNTY SCHOOL BOARD
Supervisor of Personnel
Deputy Superintendent
P.O. Box 190
Boydton, VA 23917
(434) 738-6111

Report of Harassment / Discrimination/ Abuse

Name of Complainant: _____

For Students, School Attending: _____

For Employees, Position: _____

For Applicants, Position Applied For: _____

Address and Telephone Number: _____

Date(s) of alleged incident(s) of harassment /discrimination/ abuse: _____

Name of person(s) you believe harassed/discriminated/abused against you or others:

If the alleged harassment/discrimination/abuse was toward another please identify that person:

Please describe in detail the incident(s) of alleged harassment/discrimination/abuse, including where and when the incident(s) occurred. Please note any witnesses that may have observed the incident(s). Attach additional pages if necessary.

Please describe any past incidents that may be related to this complaint.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge:

Signature of Complainant _____ Date _____

Complaint Received By: _____ Date _____
(Principal or Compliance Officer)