

**MECKLENBURG COUNTY SCHOOL BOARD
Director of Exceptional Programs
Director of Secondary Instruction
P.O. Box 190
Boydton, VA 23917
(434) 738-6111**

Report of Sexual Harassment/Harassment Based On Race, National Origin, Disability, or Religion

Name of Complainant: _____

For Students, School Attending: _____

For Employees, Position: _____

Address and Telephone Number: _____

Date(s) of alleged incident(s) of harassment: _____

Name of person(s) you believe harassed you or others:

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

Please describe in detail the incident(s) of alleged harassment, 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)