

MECKLENBURG COUNTY SCHOOL BOARD
175 Mayfield Drive
P.O. Box 190
Boydton, VA 23917
(434) 738-6111

Policy GAE, GB-F, GBA-F, JFHA-F, JHG

Report of Harassment / Discrimination

Name of Complainant: _____

For Students, School Attending: _____

For Employees, Position and Location: _____

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). Please include a description of any past incidents that may be related to this complaint. Attach additional pages if necessary.

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 _____

(Compliance Officer of Principal)