100.1

**REGIONAL EDUCATION SERVICE AGENCY VI (RESA-6)**

**HARASSMENT COMPLAINT FORM**

**EMPLOYEE COMPLAINT**

Name: Date:

School:

Who was responsible for the harassment, be specific?

Describe the harassment.

 (Attach additional pages if necessary.)

Date(s), time(s), and place(s) the harassment occurred.

Were there other individuals involved in the harassment? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

If so, name the individual(s) and what their role was.

Did anyone witness the harassment? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

If so, name the witnesses.

What was your reaction to the harassment?

Describe any prior incidents?

Signature of Complainant Date

Incident Identification Reference