



# Harassment Complaint Form

## Lewiston-Porter School District

(District Personnel Office)

Please complete the Harassment Complaint Form and forward, with supporting documentation as requested to the one of the District's Civil Rights Compliance Officers, Patricia Grupka, Ed.D. or Andrew Krazmien. Attached to this form is District Policy #3420, Non-Discrimination and Anti-Harassment in the School District.

Name of complainant: \_\_\_\_\_

Position of complainant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Information: Home Phone: \_\_\_\_\_  
(Circle the number preferred)

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date complaint filed: \_\_\_\_\_

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Name and/or description of alleged harasser \_\_\_\_\_

\_\_\_\_\_ An employee, holding the position of \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ A student, grade \_\_\_\_\_ at \_\_\_\_\_ (school or location)

\_\_\_\_\_ A parent or community member

\_\_\_\_\_ Other (Specify person's relationship with the District) \_\_\_\_\_

### Basis of this complaint:

\_\_\_\_\_ Race, color, creed, national origin/ethnicity

\_\_\_\_\_ Disability

\_\_\_\_\_ Sex, gender,

\_\_\_\_\_ Marital Status

\_\_\_\_\_ Sexual Orientation

\_\_\_\_\_ Partnership Status

\_\_\_\_\_ Sexual Harassment

\_\_\_\_\_ Military/Veteran Status

\_\_\_\_\_ Religion

\_\_\_\_\_ Age

\_\_\_\_\_ Other Harassment

\_\_\_\_\_ Retaliation

Description of alleged harassment/discrimination/incident: (If available and pertinent to this claim attach documentation i.e. emails, letters, notes, text messages, phone records, recordings, videos, etc.)

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Date and place of violation(s) \_\_\_\_\_  
\_\_\_\_\_

Witnesses (if any) or others who should be contacted with knowledge important to this investigation, including contact information for each:

Witness	Contact Information
1.	
2.	
3.	
4.	

Others you may have discussed this complaint/incident with, including contact information for each:

Others	Contact Information
1.	
2.	
3.	
4.	

Has this incident/discrimination been previously reported?     Yes     No

If yes, to whom and when?    Whom: \_\_\_\_\_

When: \_\_\_\_\_

Describe the remedy, outcome or resolution: \_\_\_\_\_

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Remedy sought by complainant \_\_\_\_\_

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\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Complainant