

**Adrian Public Schools
Harassment Complaint**

Today's date: _____ **Incident date:** _____

Name of person making complaint: _____

Victim's name: _____

Potential witnesses: _____

Description of incident: _____

Contact information: _____

Notice:

1. This complaint will be fully investigated.
2. If the District believes a crime may have been committed, the District may contact law enforcement.
3. To the extent possible, your name will be kept confidential. However, the District may need to disclose your name to law enforcement, the alleged perpetrator, or the alleged victim in order to comport with due process requirements or to assist in any criminal investigation.
4. Retaliation based on participation in an investigation or making a complaint of harassment is prohibited by law. The District will take all necessary steps to ensure that you will not be retaliated against by the alleged perpetrator or any other individual. If you believe you have been retaliated against because you made this report, please promptly contact a District administrator. The District will take all steps necessary to protect you from retaliation.
5. If you believe you are the victim of harassment, you will not be required to confront the alleged perpetrator of the harassment.

Internal:

Date Received: _____ **Investigation initiated on:** _____

Investigator: _____

Use of this form is optional. All complaints of harassment will be investigated, regardless of whether a written complaint is received. This form is for assisting a witness or victim of harassment in making a report.