

HARDING COUNTY SCHOOL DISTRICT

REPORT OF RACIAL HARASSMENT

This form is to be used by any employee or student who has either observed or been subject to racial harassment. The incident should be reported as completely and accurately as possible. It is not, however, critical to be 100 percent precise. An investigation may require the complainant to be interviewed.

Date _____

Name of person making a charge of racial harassment: _____

Race and National Origin of person making charge _____

Race and National Origin of alleged victim (if different from the reporter) _____

Address _____

Telephone Number: _____

Position or Grade: _____

Name and race of individuals involved in the harassment and indicate whether they are students or employees:

Give a description of the racial harassment in your own words (include the nature of the incident, what happened and the date and time of the incident):

Names and races of all witnesses, indicating whether they are employees or students:

Complainant's signature _____

Please see the Harding County School District's policy on Racial Harassment for more information on the topic. Present this Report to your most immediate supervisor not involved in the harassment.

OFFICE USE ONLY

Outcome of investigation of this report _____

Date and time of report to Police (if applicable) _____