



Prairie Rose School Division Harassment Documentation and Complaint Form

Name of Alleged Victim(s) of Harassment:

School: _____

Home Address: _____

Phone: _____

Student PRSD Staff Other: _____

Name of Alleged Harasser(s):

Student PRSD Staff Other: _____

Name of Person Completing this Form (If different from alleged victim)

Student PRSD Staff Other: _____

Date Incident occurred: _____

Time Incident occurred: _____

Place Incident occurred: _____

Detailed description of incident; who, where, what, when, how:

Names of persons witnessing the incident:

Names of person to whom this incident was reported:

Agreed upon method of dealing with this incident: (to be discussed with the person assigned to action this complaint.)

Informal Complaint Formal Complaint

Signature of Complainant: _____ Date: _____

Received By (Name and Title): _____

Received by (Signature): _____ Date: _____

Referred to (Name and Title): _____

Referred to (Signature): _____ Date: _____