

Harassment or Discrimination Reporting Form

The Quillayute Valley School District policy prohibits discrimination on the basis of sex in any educational program or activity. If you believe you have been subjected to harassment or discrimination, please complete this form or submit a letter with the same information.

Reporter Name: _____

Email address: _____

Phone Number: _____

Incident Date/Time, if known: _____

Location, if known: _____

Primary Concern (Required), please explain as clearly and neatly as possible, what happened and when, why you believe it happened, and the harassment/discrimination that occurred. Please indicate who was involved and any other persons. Please use additional sheets if necessary:

Persons involved, please list any persons whom we may contact for additional information to support or clarify your report:

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Signature)

(Date)