

**Monroe County Intermediate School District
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 ISD believes a crime may have been committed, the ISD may contact law enforcement.
3. To the extent possible, your name will be kept confidential. However, the ISD 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 ISD 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 ISD administrator. The ISD 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.