



EXHIBIT A – EMPLOYEE HARASSMENT COMPLAINT FORM
(Administrative Rule 512)

Name of complainant_____

Where did or is the incident(s) occur(ring) (building, grounds)? _____

When did or is the incident(s) occur(ring)? Date_____ Time _____

Was or is anyone else present at the time the incident(s) occurred or is occurring?_____

Who was or is involved in the incident(s)?_____



What happened or is happening (nature of complaint)? _____

How does complainant want the incident(s) or complaint resolved?_____



Name of person providing information for the
form _____

Name of person completing _____ Date _____

Signature of complainant _____ Date _____

AR 512 - Employee Harassment Complaint Form

Action taken:

By _____ Date _____

whom _____

[illegible]



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