



BROWN COUNTY  
SCHOOLS  
NASHVILLE, INDIANA

**Report of Discrimination and/or Harassment**

This form is to be used by any employee or student who has either observed or been subject to discrimination and/or harassment. To insure a full investigation, it should be completed as accurately as possible. An investigation may require the complainant to be interviewed.

Date of Report: \_\_\_\_\_

Employee Name: \_\_\_\_\_

First

Middle

Last

Location/School: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Accused: \_\_\_\_\_

Location/School: \_\_\_\_\_ Position: \_\_\_\_\_

Relationship of the Accused to the Complainant (manager, co-worker, etc.: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

(if more than one event, please report each event on a separate form)

Location of the event: \_\_\_\_\_

Please explain the events that occurred (attach additional page, if needed): \_\_\_\_\_

List names of Witnesses, if any: \_\_\_\_\_

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of this complaint and will provide any relevant evidence.

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_