

**Ankeny Christian Academy Harassment Complaint Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check type(s) of complaint:

- |  |   |
|--|---|
| <input type="checkbox"/> verbal harassment | <input type="checkbox"/> inappropriate touch      |
| <input type="checkbox"/> sexual harassment | <input type="checkbox"/> verbal threat            |
| <input type="checkbox"/> bullying          | <input type="checkbox"/> assault (hit-punch-kick) |

Write the person(s) with whom you have a grievance(s)

Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Describe the action(s) that occurred between you and the person(s) listed above:

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List witness/witnesses:

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Signature of complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's/Designee's signature: \_\_\_\_\_ Date: \_\_\_\_\_