Christ the Teacher Catholic Schools

Administrative Procedure Form 170.1

Harassment Complaint

Complainant Information

Name:		**Position Title:**	
School / Facility:	Select One		
Phone:		**Email:**	
Supervisor's Name:			
Affiliation:	Select One		

Respondent Information (name of the person(s) against whom the complaint is made).

Name:		**Position Title**	
School / Facility:	Select One		
Respondent's work relationship to you:			
Did you report the occurrence to your supervisor?	Select One		
If yes, on what date?			

Details of the Complaint

Provide a detailed description of the incident(s), including dates and location of event(s). Attach additional pages if necessary and any relevant documents.

List of possible witnesses. Include their position and contact information if known.

Type of resolution sought.

_____ _____

Signature **Date**