

DISABILITY HARASSMENT

Santa Monica-Malibu Unified School District  
Reporting Form of Harassment:

Sexual Harassment, and Harassment because of Race, National Origin, and Disability\*

Complainant \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date and Time of Alleged Incident(s) \_\_\_\_\_  
Did the incidents involve: \_\_\_ sexual harassment, \_\_\_ racial harassment, \_\_\_ harassment  
because of national origin, \_\_\_ harassment because of disability (check all that apply)  
Name of person(s) you believe harassed you or another person:  
\_\_\_\_\_

Describe the incident as clearly as possible, including such things as what force, if any, was  
used, any verbal statements (i.e. threats, requests, demands, etc.), what if any physical contact  
was involved. Attach additional pages as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

List any witnesses who were present  
\_\_\_\_\_

This complaint is based upon my honest belief that \_\_\_\_\_ has harassed  
me or another person. I hereby certify that the information I have provided in this complaint is  
true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
(complainant's signature) (date)

\_\_\_\_\_  
(received by) (date)

\_\_\_\_\_  
*\* If a person making a complaint requires assistance in providing a written statement, such assistance will be  
provided by a staff member (i.e., students with learning disabilities in reading or writing may choose to dictate  
their complaint statement).*