



HARASSMENT GRIEVANCE REPORT Form A

*Can Be Filed in person or by postal mail or email to dewright@dothan.k12.al.us

Complainant's Victim's Name: _____ School: _____ Tel# of Parent: _____

Name of Alleged Respondent: _____

Date and Place of Incident(s): _____

Description of Incident(s): _____

Names of Witnesses: _____

Evidence of Harassment, e.g., letters, photos: _____

Any Other Information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge. I am requesting that Dothan City Schools conduct an investigation into these allegations.

Name: _____

Signature: _____

Address: _____

Date: _____

Received by: _____ Position: _____

School: _____ Date: _____ Time: _____