

Bandon School District 54

455 9th Street SW, Bandon, OR 97411 | 541-347-4411

Code: GBEA-AR(2)
Revised/Reviewed: 12/09/19; 8/08/22
Orig. Code: GBEA-AR

Workplace Harassment Report/Complaint and Witness Form

Name of person making report/complainant: _____

Position of person making report/complainant: _____

Date of complaint: _____

Name of alleged harasser: _____

Date and place of incident or incidents: _____

Description of alleged misconduct: _____

Name of witnesses (if any): _____

Evidence of workplace harassment, i.e., letters, photos, etc. (attach evidence if possible): _____

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Bandon School District #54
455 9th Street SW, Bandon, OR 97411 | 541-347-4411

WITNESS DISCLOSURE FORM

Name of Witness: _____

Position of Witness: _____

Date of Testimony/Interview: _____

Description of Instance Witnessed: _____

Any Other Information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____