



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street ≈ Spring Green, Wisconsin 53588 ≈ Phone: 608-588-2551

Exhibit 524.3

Harassment Report Form

The River Valley School District values and respects the human diversity of members of the school community. It is the policy of the Board to maintain and ensure a learning and working environment free of any form of harassment or intimidation.

Complainant: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Date of alleged incident(s): _____

Describe the incident(s) as clearly as possible: _____

This complaint is filed based on my honest belief that _____ has personally harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant Signature

Date

(To be filed with Pupil Services Staff member with copy to be sent to District Administrator. In the case of the District Administrator being the subject of the complaint, copy will be filed with School Board President.)

Received by

Date

APPROVED: November 11, 1999
REVISED & APPROVED: December 11, 2014