

PLYMOUTH-CANTON COMMUNITY SCHOOLS

Harassment Form 5517

School _____ Administrator _____

Report Date: _____ Staff Interviewer(s): _____

Type of Harassment: Physical Verbal Sexual Bullying

Other: _____

Complainant: _____

Witness(es): _____

Dates and Details: (Complainant signed statement attached)

Accused: _____ (Signed statement attached)

Response of Accused:

Conference Date: _____

Conference Summary:

Resolution:

Action Steps Implemented:

Consequences: _____

Additional Comments: _____

(Date of Resolution)

(Signature)