

# Vision Soccer Academy of Waukeee – Harassment Complaint Form

(Each Complainant should complete a separate form.)

Name of complainant: \_\_\_\_\_

Position of complainant: \_\_\_\_\_

Date of complaint: \_\_\_\_\_

Name(s) or description of alleged harasser(s):

Date and place of incident(s): \_\_\_\_\_

Description of harassment: \_\_\_\_\_

Name of witnesses (if any): \_\_\_\_\_

Evidence of harassment, 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: \_\_\_\_\_

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# Vision Soccer Academy of Waukeee – Harassment Witness Disclosure Form

(Each Witness should complete a separate form.)

Name of witness: \_\_\_\_\_

Position of witness: \_\_\_\_\_

Date of testimony or interview: \_\_\_\_\_

Description of instance witnessed: \_\_\_\_\_

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: \_\_\_\_\_

Interviewer (if applicable): \_\_\_\_\_

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