



Huron Intermediate School District

www.huronisd.org

Joseph W. Murphy, Superintendent



STAFF REPORT OF HARASSMENT

Staff Member's Name: _____ Date of Report: _____

Date of Alleged Harassment: _____

Location of Alleged Harassment: _____

Name of Alleged Harasser: _____

Description of the Incident(s): _____

Names of Witness(es), if any: _____

Signature of Person Making the Report

Signature of Person Taking the Report

Administrative Office
1299 S. Thomas Road, Suite 1
Bad Axe, MI 48413
(989) 269-6406
Fax (989) 269-9218

Huron Learning Center
1299 S. Thomas Road, Suite 2
Bad Axe, MI 48413
(989) 269-9274
Fax (989) 269-3403

Huron Area Technical Center
1160 S. Van Dyke
Bad Axe, MI 48413
(989) 269-9284
Fax (989) 269-2844

Transition House
1257 S. Thomas Road
Bad Axe, MI 48413
(989) 269-3434
Fax (989) 269-3403

It is the policy of the Huron Intermediate School District not to discriminate on the basis of race, color, religion, national origin or ancestry, sex, gender, disability, age, height, weight, marital status, genetic information, or any other legally-protected characteristic, in its programs, activities, or employment. Inquiries regarding this nondiscrimination policy should be directed to Superintendent, Huron Intermediate School District, 1299 S. Thomas Road, Suite 1, Bad Axe, MI 48413; (989) 269-6406.

Date of Investigative Action Taken: _____

Investigative Action Taken: _____

Resolution: _____

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