

STUDENTS / PERSONNEL

Sexual Harassment Complaint Form

Please print:

Name _____ Date _____

Address _____

Telephone _____ Another phone where you can be reached _____

During the hours of _____

I wish to complain against:

Name of person, school (department), program, or activity _____

Address _____

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

Date of the action against which you are complaining _____

If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

Name _____ Address _____ Phone # _____

The projected solution:

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

The principal or designated administrator shall give one copy to the complainant and shall retain one copy for the file.

CONTACT DISTRICT FOR TITLE IX COORDINATOR/SUPERINTENDENT