



Form 5011 – SEXUAL HARASSMENT COMPLAINT FORM

PLEASE NOTE:

1. Complaints should be submitted to building administrator. If complaint is against building administrator, submit to [Chief Talent Officer](#).
2. Anonymous complaints may limit the district's ability to respond.

Today's date: _____ Name of complainant: _____

Report Incident to (Name of Building administrator): _____

1. State the specific nature of your complaint and other relevant facts and circumstances. (Explain in narrative form and furnish sufficient background so as to identify the person[s] and/or omission[s] that led to the allegation.) Attach additional pages if necessary.

Include in your narrative the following:

- a. On what date(s) did the alleged harassment occur? Where?
- b. Who did specifically what?
- c. What specific verbal remarks were made by whom?
- d. What, if any, physical contact was made?

2. Names of any witnesses present.

3. Names of any individuals you told of the incident.

4. What did you do in immediate response to the alleged sexual harassment incident?

5. What efforts, if any, have you taken so far to stop the harassment?

6. What remedy are you seeking from the district?

Signature: _____ Date: _____

FOR DISTRICT USE

Date Resolved by Building Administrator: _____ Print Name: _____

Received by: _____ Date received: _____

Date Referred to Affirmative Action Officer to investigate: _____

Date Investigation completed:

Comments: _____

Resolved Referred to: _____

Send Copy of Form to Human Resources Department, Attn: Chief Talent Officer

Received by: _____ Date received: _____