

Sexual Harassment Complaint Form

Name of employee complainant: _____

Address: _____

Home telephone number: _____

Position with the district: _____

Job site: _____

Immediate supervisor: _____

Name(s) of alleged harasser(s): _____

Approximate date(s) of alleged harassment or when began, if on-going: _____

Location or situation where alleged harassment occurred, or is occurring: _____

Nature of the harassment: _____

Other individual(s) in whom you have confided about the alleged sexual harassment: _____

Individuals you believe may have witnessed or also been subjected to, the alleged sexual harassment: _____

Remedy sought: _____

Signature of complainant or
complainant's parent/legal guardian

Date

Signature of individual receiving complaint

Date