



TURLOCK UNIFIED SCHOOL DISTRICT
TITLE IX: SEXUAL HARASSMENT
COMPLAINT FORM
(To Be Completed by Student/Parent/Staff Member)

I. Contact Information

Name: _____
Address: _____ City: _____
Home Phone: _____ Work/Cell Phone: _____

II. Complainant

You are filing this complaint on behalf of: _____
Parent/Guardian _____ Student _____ Witness to the Incident _____ Other _____

III. School Information

School Name: _____
Principal's Name: _____
Teacher's Name: _____

IV. Basis of Complaint

Sexual Harassment _____ Sexual Assault _____ Domestic Violence _____ Dating Violence _____ Stalking _____

V. Details of Complaint

Who was responsible for the sexual harassment/assault? _____

Describe the harassment/assault. _____

Date, time and place the harassment/assault occurred. _____

List any witnesses to the harassment/assault. _____

What was your reaction to the harassment/assault? _____

Describe any subsequent incidents. _____

What remedy are you requesting? _____

Signature of Person Filing Complaint

Date

Submit Form to School Principal or Director of Student Services