Region 15
COMPLAINT FORM REGARDING SEX DISCRIMINATION AND SEXUAL HARASSMENT (STUDENTS)

Name of the complainant _____

Date of the complaint_____

Date of the alleged discrimination/harassment _____

Name or names of the discriminator(s) or harasser(s)

_____

Location where such discrimination/harassment occurred _____

_____

Name(s) of any witness(es) to the discrimination/harassment

Detailed statement of the circumstances constituting the alleged discrimination or harassment

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Remedy requested_____