

All Personnel

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SEXUAL HARASSMENT

Sexual Harassment Complaint Form

Instructions: Please complete this form and submit it to:

Attention: Site Principal, Superintendent, or Designee

Name _____

Department _____

1. Identify the offending person or persons: _____

2. Give specific examples of offensive conduct. If more space is required, please attach additional pages. _____

3. What remedy are you seeking? _____

4. Describe any informal efforts (if any) you made to correct the situation described above (item #2). (Such efforts are not required.) _____

Signature _____ Date _____

To be completed by the Site Principal, Superintendent, or Designee

Date Received: _____ Received by: _____

Date Resolved: _____ Resolved by: _____

Due Date of Investigation _____ Investigator _____

adopted: January 14, 2014