

**All Personnel**

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**SEXUAL HARASSMENT**

**Sexual Harassment Complaint Form**

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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