

**SEXUAL HARASSMENT FORMAL COMPLAINT FORM**

Name and position/grade/school of complainant \_\_\_\_\_

\_\_\_\_\_

Date of complaint \_\_\_\_\_

Name of alleged sexual harasser \_\_\_\_\_

Date and place of incident(s) \_\_\_\_\_

\_\_\_\_\_

Description of misconduct \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of witnesses (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the incident been reported before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

To whom? \_\_\_\_\_

What was the resolution? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason(s) for dissatisfaction with the resolution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedy sought? \_\_\_\_\_

\_\_\_\_\_

Signature of Complainant \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Compliance Officer \_\_\_\_\_ Date \_\_\_\_\_