

Sexual Harassment of Employees Complaint Form

I, _____

of (address) _____

have initiated a Sexual Harassment complaint against _____ ,

through (Assistant Superintendent), _____

on the following date: _____

Date of the Incident(s) : _____

Name(s) of Person(s) Involved in Incident(s):

Written description of incident(s):

Description of what employee did to discourage the incident(s):

Name of any witnesses to incident(s):

Acceptable solution:

Signature

Date

NOTE: Upon completion of this form, one copy should be mailed or delivered the Assistant Superintendent