

Sexual Harassment, Discriminatory Harassment, and/or Discrimination Complaint Form

Date of Report

Your Name

Home Address

Phone Number

Position or Grade

Name of Alleged Offender

Position or Grade

Building

Alleged Victim:

Type of Alleged Violation (check at least one):

Sexual Harassment

Discriminatory Harassment

Discrimination

If Discriminatory Harassment or Discrimination, on the basis of which protected classification is the violation alleged to have occurred (select at least one):

Race

National Origin

Genetic Information

Sex

Religion

Military Status

Ethnicity

Age

Disability

Citizenship Status

Sexual Orientation

Other

Color

Gender Identity/Expression

Specify:

Name of Witnesses, if any, and Description of Involvement)

When did the incident occur?

Date

Time

Where did the incident occur?

Building

Location in the Building

Description of the Incident(s) (attach additional pages, if necessary)

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Your Reaction

This complaint is based upon my honest belief that the above-alleged offender has sexually harassed, discriminately harassed, or discriminated against me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Signature

Date

Submit the completed form to the District's Director of EEO / Title IX Coordinator