

SEXUAL HARASSMENT COMPLAINT REPORT FORM

Date Form Completed:

Form Completed by:

Person Reporting the Sexual Harassment:

Address/Phone # of the Person Reporting the Sexual Harassment:

Nature of Complaint: (With specificity, identify the person(s) alleged to have sexually harassed, the conduct which is the basis of the sexual harassment complaint, when/where the conduct occurred, the person(s) alleged to have sexually harassed, witnesses, and any other pertinent information):

_____ (use additional sheets if necessary).

Date

School Employee Completing the Sexual Harassment Report Form

Date _____ Person Reporting the Sexual Harassment _____

Date _____ Person Reporting the Sexual Harassment _____

SEXUAL HARASSMENT COMPLAINT APPEAL TO THE SUPERINTENDENT

I/We Appeal the 's Step 1 decision for the following reason(s): [With specificity, Complainant should state how or why the Complainant believes the Principal's decision is wrong]:

[illegible]

ATTACH A COPY OF THE SEXUAL HARASSMENT REPORT AND THE PRINCIPAL'S DECISION.

Date _____

Complainant

Date Received

Superintendent

Adopted: 7/12/2021

Reviewed:

Revised:

COMPLAINT APPEAL TO THE SCHOOL BOARD

I/We Appeal the Superintendent's Step 2 decision for the following reason(s): [With specificity, Complainant should state how or why the Complainant believes the Superintendent's decision is wrong]:

[illegible]

ATTACH A COPY OF THE SEXUAL HARASSMENT REPORT, SUPERVISOR'S DECISION, APPEAL TO THE SUPERINTENDENT, EMPLOYEE'S STEP 2 WRITTEN RESPONSE, AND DIRECTOR'S DECISION.

Date _____

Complainant

Date Received _____

Business Manager

Adopted: 7/12/2021

Reviewed:

Revised: