

**SEXUAL HARASSMENT OF EMPLOYEES
COMPLAINT FORM**

Name of employee complainant: _____

Address: _____

Home phone number: _____

Position with the district: _____

Job site: _____

Work phone number: _____

Immediate supervisor: _____

Name(s) of alleged harasser(s): _____

Approximate date(s) of alleged harassment or when harassment began, if ongoing: _____

Location or situation where alleged harassment occurred, or is occurring: _____

Nature of the harassment: _____

Other individuals in whom you have confided about the alleged sexual harassment: _____

Individuals who you believe may have witnessed, or also been subjected to, the alleged sexual harassment:

Remedy sought: _____

Signature of complainant

Date

Signature of individual receiving complaint

Date