

**SEXUAL HARASSMENT COMPLAINT FORM**

Name of student complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Parent/Legal guardian's name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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 or complainant's parent/legal guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of individual receiving complaint*

\_\_\_\_\_  
*Date*