

Name of person(s) you believe was harassed or was violent toward another person:

Names of witnesses, if any, to the alleged incident(s):

Describe the incident(s).

Where and when did the incident(s) occur?

Complainant Name:

Home Address:

Home Telephone:

Remedy Sought:

Completed Sexual Harassment Complaint/Reporting Form should be returned to the Office of Human Resources for allegations of sexual harassment committed by an employee, or to the Office of Teaching and Learning for allegation of sexual harassment committed by a student.

Parer.lt/Guardian or Eligible Studenti If you choGlseto complete this fmm. please return to your high school office.