

**SEXUAL HARASSMENT AND ANTI-DISCRIMINATION COMPLAINT FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Student/Year or Grade: \_\_\_\_\_

Immediate Supervisor or Building Principal: \_\_\_\_\_

Who was Responsible for the Alleged Improper Action? \_\_\_\_\_  
\_\_\_\_\_

Describe the Alleged Improper Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date, Time, and Place the Alleged Improper Action Occurred: \_\_\_\_\_  
\_\_\_\_\_

Were There Other Persons Involved with the Event(s)? \_\_\_\_\_  
\_\_\_\_\_

If so, Who was Responsible and Describe Their Involvement: \_\_\_\_\_  
\_\_\_\_\_

List Any Witnesses: \_\_\_\_\_

What Was Your Reaction to the Event(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Any Subsequent Incidents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_