

Student Sexual Harassment Complaint Form

This form may be used by a student, a student's parent or guardian, or an individual acting on a student's behalf who believes the student is a victim of sexual harassment to submit a complaint regarding sexual harassment (Board Policy 6.8 Student Sexual Harassment). This form should be submitted to the principal of the school. However, if the complaint concerns the principal, the complaint may be made directly to the Title IX Coordinator or the Superintendent.

Student's Name:	School:
Grade:	
Name of Person Completing the Form (i	f not the student)
Your Home Phone:	
Your Home Address:	
Describe the sexual harassment, includi	ng all pertinent facts supporting the complaint.
(Attach additional paper, if needed.)	
When did this happen (over what time po	eriod if continuing or more than once):
(Attach additional paper, if needed.)	

Identify the person(s) whose actions led to the filing of the complaint, and all witnesses or other persons having information that is relevant to the complaint.	
(Attach additional paper, if needed.)	
Do you have suggestions for resolving this	s situation? If so, list them here:
(Attach additional paper, if needed.)	
Attach copies of documents or other evi	dence that is relevant to the complaint.
I affirm that to the best of my knowledge,	the foregoing information is true, accurate, and complete.
Signature:	Date:
DO NOT WRITE BELOW THIS LINE	

Date Grievance Received:	Principal:
Date Reply Delivered:	Principal:
Date Request for Review Received:	Superintendent or Designee:
Date Response to Request Delivered:	Superintendent or Designee: