

SEXUAL HARASSMENT COMPLAINT REPORTIN G FORM

(To be completed by Supervisor/Administrator)

TO: AFFIRMATIVE ACTION OFFICE/TITLE IX COORDINATOR

FROM: (Name) Click or tap here to enter text. (Job Title) Click or tap here to enter text.

(Location) Click or tap here to enter text. (Phone) Click or tap here to enter text.

DATE: Click or tap to enter a date.

1. NAME OF COMPLAINANT: Click or tap here to enter text.

Student Employee Non-Employee Parent or Guardian

1. NAME OF PERSON AGAINST WHO COMPLAINT IS MADE: Click or tap here to enter text.

Job Title Click or tap here to enter text. Job Location Click or tap here to enter text.

1. Student Employee Non-Employee Parent or Guardian

ID# Click or tap here to enter text.

1. DATE WHEN COMPLAINT WAS BROUGHT TO YOUR ATTENTION: Click or tap to enter a date.
2. NATURE OF COMPLAINT: The following is a description of the grounds for the complaint that was stated by the complaining party:
3. WAS COMPLAINT SUBSTANTIATED? YES NO
4. IF COMPLAINT WAS SUBSTANTIATED, WHAT CORRECTIVE ACTION WAS TAKEN? Click or tap here to enter text.

DATE CORRECTIVE ACTION WAS TAKEN: Click or tap to enter a date.

INFORMATION ABOUT ALL COMPLAINTS OF SEXUAL HARASSMENT MUST BE FORWARDED TO THE AFFIRMATIVE ACTION OFFICE TO MAINTAIN DISTRICT LOGS PURSUANT TO ED. CODE 253 (A) WITHING TEN (10) WORKING DAYS OF RESOLUTION.