

**SERIES 400
STUDENTS**

Administrative Exhibit 411.1

SEXUAL HARASSMENT COMPLAINT FORM

Name _____

Home Address _____

Telephone _____

School _____ Dept. _____

Date incident occurred _____ Time incident occurred _____ A.M/P.M.

Place of incident _____ School building _____ School Grounds _____ To or from school
_____ Home _____ Other (specify) _____

Specific place of incident

- | | |
|----------------------|-----------------------------|
| _____ Athletic Field | _____ Locker Room |
| _____ Cafeteria | _____ Shop |
| _____ Hallway | _____ Stairs |
| _____ Gymnasium | _____ Restrooms |
| _____ Classroom | _____ Other (specify) _____ |

Who was responsible for the sexual harassment? _____

Witnesses

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Describe the alleged sexual harassment. Describe what happened, who was involved, if witnesses were present, what you have done since the incident, if you have spoken to anyone about the incident.

At this time, I would like this report considered as a formal complaint with further investigation by the school administration.

Signature _____ Date _____

FOR OFFICE USE ONLY

Person(s) responsible for conducting the investigation _____

Dates of investigation of complaint _____

Date of final report _____ Date of follow-up conference _____

Results _____

Date of Adoption by the Superintendent: March 20, 2002