

HARASSMENT, SEXUAL HARASSMENT, OR DISCRIMINATION COMPLAINT FORM

STEP TWO DATE RECEIVED BY COMPLAINT COORDINATOR _____

NAME OF COMPLAINANT _____

FINDINGS OF INVESTIGATION _____

NAMES OF PERSONS ASSISTING WITH INVESTIGATION (if applicable)

COMPLAINT COORDINATOR'S DISCIPLINARY RECOMMENDATION TO DIRECTOR _____

COORDINATOR'S SIGNATURE _____

STEP THREE DATE RECEIVED BY DIRECTOR OF SCHOOLS _____

DISPOSITION _____

DATE OF RESOLUTION _____ DATE COMPLAINANT NOTIFIED _____

DIRECTOR OF SCHOOLS SIGNATURE _____