

CHAPTER 3.00 – SCHOOL ADMINISTRATION

Attachment to: 3.43

HARASSMENT COMPLAINT FORM

(In the event Level II, Level III, or Level IV is needed to settle this complaint, the complainant should submit a copy of this completed form after each level of the Complaint Procedure as outlined in the Policy.

Name of Person Registering Complaint Last First MI

Social Security Number:

Work Assignment/Work Site:

Immediate Supervisor/Principal:

If this complaint is against a particular individual or individuals, please name:

Description of Harassment: (Attach additional information if necessary)

Requested Remedy/Solution:

For Supervisor Use Only

Level II Completed: Supervisor or Title IX Coordinator Signature

Date Level II Written Reply Submitted: (Attach reply to this document)

Level III Completed: Title IX Coordinator Signature

Date Level III Written Reply Submitted: (Attach reply to this document)

Level IV Completed: Superintendent Signature

Date Written Reply Submitted: (Attach reply to this document)

Review Panel Appointed: Yes No Approved