

Sexual Harassment Complaint Form

Name: _____

Phone Number: _____

Email Address: _____

In the space provided below, write a description, in your own words, of the events that have led you to file this complaint. Be as specific as possible about dates, times and places. If there are any witnesses, please indicate that fact. You may attach additional paper if required.

Signature of Complainant: _____ Date: _____

The information on this form is collected as per the School Procedures for Sexual Harassment and Sexual Assault Concerns and Complaints and is a required part of the investigative process outlined in the Sexual Misconduct Policy. If you have questions about the collection and use of this information, contact Inlingua Victoria at 778-817-1083.