Kennewick School District
Sexual Harassment
Complaint Form

Please print:

Name ______________________________________________________________________ Date ___________

Address ____________________________________________________________________

Telephone __________ or number where you may be contacted ______________
during the hours of _________________________________________________________

I wish to register a complaint against:

Name of person, school (give department) program activity, etc.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Specify your complaint by stating the problem as you see it. Describe the incident,
participants, background to the incident, and any attempts you have made to resolve
the problem. Please note relevant dates, times, and places.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

O V E R
Indicate if there are other people who could provide more information regarding your complaint:

Name                     Address                     Telephone No.
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Proposed Solution:

Indicate your opinion on how this problem might be resolved. Be as specific as possible.

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

I certify that there is no falsification of the above information and events are accurately depicted to the best of my knowledge.

_______________________________________
Signature of Complainant

____________
Date

Please return the original completed form to the Executive Personnel Director. A copy of this will be provided to the complainant.

Nov. 96