

**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

