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