

APPENDIX V-C: Harassment Form

**STANDARDS OF CONDUCT - HARASSMENT, BULLYING &
SEXUAL HARASSMENT COMPLAINT FORM:**

If you believe you have been the victim of bullying, harassment or sexual harassment as defined by District policies, you must immediately must fill out this complaint form completely and turn it into your principal or immediate supervisor, unless the principal is the subject of your complaint in which case you must deliver this form to the District superintendent. The District will process your complaint(s) in accordance with applicable Board policies and the terms of this *Handbook*.

- 1) Name:
- 2) Address:
- 3) Home phone or number where you can be reached:
- 4) Position & work site:
- 5) Name of Immediate Supervisor:
- 6) Please state date(s) of the event or series of events causing the complaint:

- 7) Please state your complaint including the harm alleged and policy violated:

- 8) Please state specific facts of which you are aware to support your complaint and the names of any witnesses who may be able to corroborate your statements (list all details and attach additional sheets if necessary):

- 9) Please state the remedy sought:
- 10) If you will be represented in pursuing your complaint, please identify that individual or organization (if known):

Name: _____
Address: _____
Telephone: _____
FAX: _____

Signature:

Date Submitted: