STUDENTS / PERSONNEL

Sexual Harassment Complaint Form

Please print:	
Name	Date
Address	
Telephone A	nother phone where you can be reached
During the hours of	
I wish to complain again	st:
Name of person, school (d	department), program, or activity
Address	
Specify your complaint by	stating the problem as you see it. Describe the incident,
the participants, the backg	round to the incident, and any attempts you have made to
solve the problem. Be sur	re to note relevant dates, times, and places.

Date of the a	action against which you a	are complaining	
If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).			
name	address	telephone number	

The projected solution:

Indicate what you think can and should be done to solve the problem. Be as
specific as possible.
I certify that this information is correct to the best of my knowledge.
Signature of Complainant

The principal or designated administrator shall give one copy to the complainant and shall retain one copy for the file.

DISTRICT CONTACT INDIVIDUALS

Alan Robbins	High School Principal - Title IX Coordinator
Tyson Roe	High School Counselor - Title IX Investigations
Brenda Clarke	Elementary School Principal - Title IX Coordinator
Jennifer Wood	Middle School Counselor - Title IX Investigations
Matt Jensen	District Superintendent