

Mendocino Unified School District
Complaint Concerning Sexual Harassment

Complainant's Name _____ Phone number _____
(please print)

Complainant's Address _____

Name of the District staff member or student who committed the alleged violation

Specific description of the alleged sexual harassment incident:

Date of incident: _____ Time of incident: _____

Place of incident: _____

Participants: _____, _____,

_____, _____,

Witnesses: _____, _____,

_____, _____,

_____, _____

What happened (use additional sheets as necessary)? _____

Other pertinent information which may assist in investigating and resolving the complaint:

Signature of complainant

Date of complaint