Todd County School District Policy Exhibit: ACAA - E(1)

SEXUAL HARASSMENT
COMPLAINT REPORT FORM

Date Form Completed: _____

Form Completed by: _____

Person Reporting the Sexual Harassment: _____

Address/Phone # of the Person Reporting the Sexual Harassment:

_____

_____

Nature of Complaint: (With specificity, identify the person(s) alleged to have sexually harassed, the conduct which is the basis of the sexual harassment complaint, when/where the conduct occurred, the person(s) alleged to have sexually harassed, witnesses, and any other pertinent information):

_____

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_____

(use additional sheets if necessary).

_____ _____

Date School Employee Completing the Sexual Harassment Report Form

_____ _____

Date Person Reporting the Sexual Harassment

ADOPTED: July 24, 2017