

## Sexual Harassment Complaint Form

**Instructions:** Please complete this form and submit it to the Laytonville Unified School District office

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**1. Identify the offending person or persons:** \_\_\_\_\_

\_\_\_\_\_

**2. Give specific examples of offensive conduct. If more space is required, please attach additional pages.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. What remedy are you seeking?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Describe any informal efforts (if any) you made to correct the situation described above (item #2.).**  
**(Such efforts are not required)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**To be completed by the Title IX officer/Compliance Officer/ Investigator**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Resolved: \_\_\_\_\_ Resolved by: \_\_\_\_\_

Due Date of Investigation: \_\_\_\_\_ Investigator: \_\_\_\_\_