

Date Received in Central Office: _____

WESTON SCHOOL DISTRICT
SEXUAL HARASSMENT COMPLAINT FORM

Please complete:

Complainant's Name: _____ Date: _____

Name(s) of Alleged Harasser(s): _____

Date(s) of Alleged Harassment: _____

Witnesses: _____

Statement of the circumstances on which the alleged harassment occurred:

Complainant's Signature: _____

Complainant's Home Phone Number: _____

Complainant's Home Address: _____

Date Signed: _____