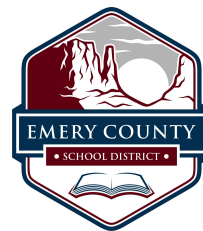


# Emery County School District

## Sexual Harassment Complaint Form



Name of Complainant: \_\_\_\_\_

Position of Complainant: \_\_\_\_\_ Date of Complaint: \_\_\_\_\_

Name of Alleged Harasser: \_\_\_\_\_

Date and Place of Incident or Incidents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Misconduct: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) of Witness(es): \_\_\_\_\_

\_\_\_\_\_

Evidence of Harassment, i.e., letters, photos, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_