

**SEXUAL HARASSMENT COMPLAINT FORM**

Mountain Home School District No. 193 maintains a firm policy against all forms of discrimination sexual in nature. All forms of sexual harassment against students or employees is sex discrimination. All persons are to be treated with respect and dignity. Sexual advances or other forms of personal harassment by any person, which create an unwelcome, intimidating, hostile, or offensive environment, will not be tolerated under any circumstances.

Complainant \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Alleged Incident(s) \_\_\_\_\_

Name(s) of person(s) you believe sexually harassed you: \_\_\_\_\_

List any witnesses that were present: \_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

Did you confront the person(s) and advise him/her of the unwelcome behavior? \_\_\_\_\_

Date you confronted person? \_\_\_\_\_

Name witnesses present, if any: \_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as what force, if any, was used; any verbal statements (i.e., threats, requests, demands, comments, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages, if necessary.)

This complaint is filed based on my honest belief that I have been sexually harassed by \_\_\_\_\_ . I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Complainant Signature)

\_\_\_\_\_  
(Date)

Received by \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Date)