

**STUDENT-TO-STUDENT SEXUAL HARASSMENT
COMPLAINT FORM**

NAME OF STUDENT: _____

DATE: _____

SCHOOL: _____

Name of the person who you believe is responsible for the harassment:

Date(s), time(s) and place(s) the incident occurred: _____

Describe the incident(s) as clearly as possible. Include such details as: whether force was used; whether verbal statements or threats were involved; and, if any physical contact or touching occurred. (Attach additional pages if necessary.)

List any witnesses who were present or who have knowledge about the incident.

Signature of Student

Date

Received by: _____

Name

Date

Title: _____