

STATE SPONSORED CHARTER SCHOOL

ALLEGED
HARASSMENT, DISCRIMINATION AND
SEXUAL HARASSMENT
COMPLAINT FORM

Name _____
Complainant

Date of Incident _____

_____ Staff _____ Teacher _____ Student _____ Other

Site Location/Address _____

Phone _____ Fax _____ E-Mail _____

Description of Complaint (Add additional pages if needed)

Persons involved (including persons responsible) and witnesses

Desired Action For Resolution.

Signature of Complainant

Date

Return to School Administrator

04/06