

All Personnel

SEXUAL HARASSMENT

Chula Vista Elementary School District

EMPLOYEE COMPLAINT ALLEGING SEXUAL HARASSMENT

Name of Complainant: _____ Date: _____

Address of Complainant: _____

Home Phone Number: _____ Work Phone Number: _____

School or Department: _____ Position Title: _____

STATEMENT OF COMPLAINT

Specific description of complaint, including names, dates, and places necessary for complete understanding of the complaint. Have you discussed the complaint with your supervisor? If so, please specify outcome of meeting. List name(s) of any witness.

List specific actions requested of District which will remedy complaint:

All Personnel

SEXUAL HARASSMENT (continued)

Do you wish to be represented by a person of your choice? If so, enter name of such designated representative:

Signature of Employee:

Date:

Original: Human Resources

Copy: Complainant

CONFIDENTIAL

Exhibit

Reviewed: 10/11/94

Reviewed: 09/12/18

CHULA VISTA ELEMENTARY SCHOOL DISTRICT
Chula Vista, California