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