

FORMAL COMPLAINT OF SEXUAL HARASSMENT

Name of Complainant: _____

Address: _____

Phone Number: (____) - _____ Email: _____ Grade: _____

Name of Victim: _____

Name of Respondent: _____

Location of incident/incidents: _____

Description of the Incident/Incidents: (Attach additional sheets if necessary)

Witnesses:

I understand that by signing this formal written complaint form, I am making a formal complaint of sexual harassment and, as a result, an investigation and determination of responsibility will occur.

Complainant

Date

Received by: _____
Title IX Coordinator

Date

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