

Irvine Unified School District
SEXUAL HARASSMENT COMPLAINT FORM

Name of Complainant:

School:

Address of Complainant:

Assignment (if employee):

Grade (if student):

1. Date Cause of Complaint Occurred:

2. Statement of Complaint:

3. Specific Provision of the Law or Regulations Violated:

4. Specific Relief Sought:

Signature:

Date:

Disposition by Responsible Official:

Signature:

Date: