

WESTHILL CENTRAL SCHOOL DISTRICT

FORMAL COMPLAINT FORM

RELATED TO ILLEGAL DISCRIMINATION, DISCRIMINATORY HARASSMENT, OR SEXUAL HARASSMENT

Date: _____

Name of Complainant: _____

Position: _____

Name(s) of Persons Alleged to Have Engaged in Discrimination or Harassment:

Date and Place of Incident(s): _____

Description of Discrimination or Harassment: _____

Name(s) of Witnesses: _____

Has this incident been reported previously? _____

If yes, to whom? _____

Reasons for concern or dissatisfaction with initial complaint:

Received by: _____

Date: _____