

Name of Complainant (victim)\*: \_\_\_\_\_

Name of Alleged Perpetrator(s): \_\_\_\_\_

Description of alleged sexual harassment, including the date and location of the incident  
and any witnesses (use additional sheets, if necessary): \_\_\_\_\_

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By signing this document, I request the District investigate the allegation of sexual harassment above.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Title IX Coordinator

\_\_\_\_\_  
Date

\*If the person reporting is someone other than the victim, use the District's Discrimination/Harassment Complaint Form.