

Berkeley Unified School District

10.3. Sexual Harassment Complaint Form

(Please review "Sexual Harassment Policy" in Section 9.2 before completing this form.)

Name of Complainant		Date
School/Department	Date of Incident	Time of Incident
Location of Incident		
1. Identify the offending person or persons.		
2. Give specific examples of offensive conduct. (If more space is required, please attach additional pages.)		
3. What remedy are you seeking?		
4. Describe the informal efforts you made to correct the situation described above (Item 2).		
I certify that the information I have given is true and correct. I authorize the Berkeley Unified School District to disclose the information I provide as it finds necessary in pursuing the investigation.		
Complainant's Signature		Date
TO BE COMPLETED BY DISTRICT		
Date received	By	
Date Resolved	By	