

Students

Sexual Harassment

Sexual Harassment Complaint Form

The Bristol Board of Education and its designees shall respect the right to confidentiality, witnesses (if any) and the accused consistent with the school district's legal obligations.

NAME OF COMPLAINANT:

POSITION OF COMPLAINANT:

DATE OF COMPLAINT: _____

NAME OF ALLEGED HARASSER:

DATES AND PLACE OF INCIDENT(S):

DESCRIPTION OF MISCONDUCT:

NAME OF WITNESSES:

EVIDENCE OF HARASSEMENT, i.e., letters, photos:

ANY OTHER INFORMATION:

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____