

**PARK COUNTY SCHOOL DISTRICT #6
BOARD OF EDUCATION POLICY**

CODE: ACA-E-2

SEXUAL HARASSMENT COMPLAINT FORM

Name _____ of _____ complainant:

Date _____ of _____ complaint:

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Name _____ of _____ alleged harasser:

Date _____ and _____ place _____ of _____ incident _____ or _____ incidents:

Description _____ of _____ misconduct:

Name of witnesses (if any):

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Evidence of harassment, i.e., letters, photos, etc. (attach evidence if possible):

Any other information:

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

Signature: _____

Date: _____

Adopted: 11/15/05