



RIALTO UNIFIED SCHOOL DISTRICT
SEXUAL HARASSMENT COMPLAINT FORM

NAME OF COMPLAINANT: _____ POSITION: _____

CHECK IF STUDENT

SCHOOL/DEPARTMENT _____

NAME OF ALLEGED HARASSER(S): _____

DATE AND PLACE OF INCIDENT(S): _____

DESCRIPTION OF MISCONDUCT: (Be specific; attach second page if more space is needed)

NAMES OF WITNESSES: _____

ANY OTHER INFORMATION: _____

I declare that the above statements are accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Received by:

Date: _____

Principal/Director's Signature

Distribution: Original - Principal/Director
Yellow - Personnel Office
Pink - CWA Office
Goldenrod - Complainant