



SCHOOL of EXCELLENCE
in EDUCATION

1826 BASSE RD. ● SAN ANTONIO, TX 78213 ● TEL: 210.431.9881 ● FAX: 210.432.8467

TITLE IX SEXUAL/ETHNIC HARASSMENT COMPLAINT FORM

Complainant:			School/Department:
Home Address:			Home Phone:
			Date/Time of Incident:
<i>Students:</i>	Grade:	Age:	Parent/Guardian:
<i>Employees:</i>	Position:		Supervisor:

Name of person you believe harassed you or another person: _____

If the alleged harassment was toward another person, identify that person: _____

Describe the incident(s) as clearly as possible. Include a full description of the events, verbal statements (threats, requests, demands, etc.), the location, and what, if any, physical contact was involved. _____

List any witnesses who were present: _____

How did you or the person harassed (if not you) react to the harassment? _____

What contact did you or the person harassed (if not you) have with the alleged harasser before the first incident? _____

This complaint is based upon my honest belief that _____ harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's signature _____

Date _____

Witnessed by _____

Date _____



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