	GROTON AREA SCHOOL DISTRICT 06-6	NEPN Code: ACCA-E(1)
	POLICIES AND REGULATIONS	

SEXUAL HARASSMENT COMPLAINT FORM

Date Form Completed:_____

Form Completed by:_____

Person Reporting the Sexual Harassment:_____

Address/Phone # of the Person Reporting the Sexual Harassment:_____

_____

Nature of Complaint: (With specificity, identify the person(s) alleged to have sexually harassed, the conduct which is the basis of the sexual harassment complaint, when/where the conduct occurred, the person(s) alleged to have sexually harassed, witnesses, and any other pertinent information):

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_____**(use additional sheets if necessary).**

_____ _____

Date **School Employee Completing Sexual Harassment Report Form**

_____ _____

Date **Person Reporting the Sexual Harassment**