



SANTA ANA UNIFIED SCHOOL DISTRICT

Harassment / Sexual Harassment / Hostile Work Environment

Type of Complaint: Employee to Employee Student to Student
 Employee to Student Adult to Student
 Other, Explain: _____

1. Allegation(s) filed against:

Name: _____ First Offense Repeat Offense # _____
ID or SS#: _____ Date of Incident: _____
Site / Department: _____ Grade / Position: _____

2. Nature of Complaint / Allegation(s): Please be specific and use exact language. If more space is needed, please attach additional sheet.

Remedy requested by complainant: _____

3. Charging Party(ies)

Name(s): _____ Date Reported: _____
ID#: _____
Site / Department: _____ Grade / Position: _____

4. Complaint Investigated by:

Name(s): _____ Title: _____
Site / Department: _____ Phone # or Extension: _____

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Santa Ana Unified School District
Santa Ana, CA
Harassment / Sexual Harassment / Hostile Work Environment

5. Investigation Process (interviews, etc.): Must be completed within ten (10) working days (or provide written explanation).

6. Actions / Recommendations:

Resolution: _____

Forward to:
Santa Ana Unified School District
1601 E. Chestnut Avenue, Santa Ana, CA 92701
Attn: Jennifer Flores, Associate Superintendent
Human Resources
Ph: (714) 558-5792 / Fax: (714) 558-5740

To be completed by Harassment Officer:
Reviewed: _____ Date: _____ Comments: