



# 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.

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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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