

**PARK COUNTY SCHOOL DISTRICT #6  
BOARD OF EDUCATION POLICY**

Code: ACA-E-1

**SEXUAL DISCRIMINATION/HARASSMENT COMPLAINT FORM**

Name of complainant: \_\_\_\_\_

Date of complaint: \_\_\_\_\_

Name of person alleged to have discriminated or engaged in harassment:

\_\_\_\_\_

Date and place of incident or incidents: \_\_\_\_\_

\_\_\_\_\_

Description of misconduct: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of witnesses (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evidence of harassment, i.e., letters, photos, etc. (attach evidence if possible):

\_\_\_\_\_

\_\_\_\_\_

Any other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Revised: 8/18/20  
7/13/20  
7/12/12  
8/9/05