

DE SOTO AREA SCHOOL DISTRICT

512-Exhibit (1)

FORMAL EMPLOYEE HARASSMENT COMPLAINT

This form should be used after discussing the basis of the complaint with an administrator.

Type of Harassment: ___ Sexual ___ Other

Name of Employee Being Harassed: _____

Site Employee Works: _____

Name of Person Filing Complaint: _____

___ Employee ___ Other

Reason(s) for complaint (state generally):
(Provide specifics in attached Statement Form)

Relief requested:

Date: _____ Signature: _____

The administrator receiving the complaint shall immediately begin an initial investigation of the complaint and reply in writing to the complainant within 15 calendar days unless a notice is given of the need for an extension of the investigation.

Copies: ___ Administrator ___ Complainant

FOR OFFICE USE ONLY

Received by

Date

APPROVED: March 10, 2008

