**

***Blacklick Valley JR.SR. High School***

***Student Sexual Harassment Complaint Form***

**I understand that I have a right to initiate a complaint against another student if subjected to unjust action or denial of my rights under school rules and State/Federal laws.**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| ***COMPLAINT AGAINST:***  **Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  boy/girlfriend \_\_\_\_\_\_\_\_ friend \_\_\_\_\_\_\_\_ classmate \_\_\_\_\_\_\_ ex-friend \_\_\_\_\_\_\_  other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please describe the general and specific nature and/or grounds on which this complaint is based. Support your allegations with names, locations, departments, dates, times, records, etc.**

Attach additional information to this document

***OVER***

***Remedy Desired***

Attach additional information to this document

***List all documents to be reviewed***

Attach additional information to this document

**I have reported to the best of my ability, that the information and/or supporting documents I have given is true and factual.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

Cc: Student Submitting Complaint

Respondent (Party against whom the complaint is filed)

Parents of both parties

Original Copy: Principal