

Sexual Harassment Complaint Form

Sonoma County Office of Education

Instructions: Please complete this form and submit it to:

Sonoma County Office of Education
Attention: Title IX Officer / Assistant Superintendent, Human Resources
5340 Skylane Boulevard
Santa Rosa, CA 95403

Name _____

Department _____

1. Identify the offending person or persons:

2. Give specific examples of offensive conduct. If more space is require, please attach additional pages.

3. What remedy are you seeking?

4. Describe any informal efforts (if any) you made to correct the situation described above (item #2).

Signature _____ Date _____

To be completed by the Title IX Officer

Date received: _____

Received by: _____

Sexual Harassment Complaint Form # _____

Reference code: _____

Date resolved: _____

Resolved by: _____