

**LOS ANGELES UNIFIED SCHOOL DISTRICT
Equal Opportunity Section
SEXUAL HARASSMENT COMPLAINT FORM**

Person filing complaint:

Name			
	Last	First	Middle
Home Address			
	Street	City	Zip
Home Telephone		Other Contact Number	
Person Filing Complaint is: <input type="checkbox"/> Employee <input type="checkbox"/> Other			

Complaint filed on behalf of self (person filing complaint as indicated above) or on behalf of:

Name			
	Last	First	Middle
For Employee:			
	Employee Number		
School/Work Site		Local District	

Please give the facts about the complaint and attach any relevant documents if available:

Date of Incident	/ /	Place of Incident	
Names of Accused Persons			
Names of Witnesses			
Brief Description of Incident:			

Has your complaint been discussed with any other LAUSD personnel? Yes No

If yes, to whom (person/office) have you spoken and what was the outcome?

--

Signature _____ Date _____

**Los Angeles Unified School District -- Equal Opportunity Section
333 South Beaudry Avenue, 20th Floor; Los Angeles, CA 90017 (School Mail: Beaudry Site, 20th Floor)
Telephone: (213) 241-7685 FAX: (213) 241-3308**