

MODESTO CITY SCHOOLS
Exhibit

E 4119.141/4219.141/4319.141

MODESTO CITY SCHOOLS
SEXUAL HARASSMENT COMPLAINT FORM

Directions: Please provide the information requested.

Name

Last Name **First Name**

Address

Street **City** **Zip Code**

Home Telephone **Work Telephone**

Name of the person(s) who committed the alleged sexual harassment act(s)

Describe the alleged sexual harassment act(s)--specify time, place, nature, participants in and witness(es) to the alleged sexual harassment act(s). Include other pertinent information which may assist in the investigation and resolution of the complaint:

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Sexual Harassment Complaint Form (Page 2)

Complainant's suggested remedy for resolution of the complaint:

Date

Signature

Release Waiver (Optional)

Confidentiality: Use of your name and information in this complaint will be limited to our investigation only. This information will be released to the public at large only if you sign the release.

Release Waiver: I give my permission for my name and information included in this statement to be released to the public.

Date

Signature