

PORTLAND PUBLIC SCHOOLS
COMPLAINT FORM REGARDING SEX DISCRIMINATION AND SEXUAL HARASSMENT
(PERSONNEL)

Name of the complainant: _____

Date of the complaint: _____

Date of the alleged discrimination/harassment: _____

Name or names of the discriminator(s) or harasser(s): _____

Location where such discrimination/harassment occurred: _____

Name(s) of any witness(es) to the discrimination/harassment: _____

Detailed statement of the circumstances constituting the alleged discrimination or harassment: _____
