

PORTLAND PUBLIC SCHOOLS

COMPLAINT FORM REGARDING SEX DISCRIMINATION AND SEXUAL HARASSMENT  
(STUDENTS)

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedy requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_