

**Tonganoxie USD 464
Complaint Form
(Confidential)**

Please print

Person Making Complaint _____ Date of Report _____
(Complainant)

Address _____ Phone _____

Reported to _____ Position _____

Is the nature of the complaint about:

- | | |
|--|--|
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Curriculum |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Instructional Materials |
| <input type="checkbox"/> Discrimination on the basis of: _____ | <input type="checkbox"/> Facilities and Services |

Please describe the situation and include information about:

- Who were the persons engaging in the conduct? _____
- What was the nature of the conduct?
- When did it occur? _____
- Where did it occur? _____
- What effect did the incident have on you?

- Were there any witnesses to this incident? Yes No

If yes, please indicate who the witnesses were

Signatures:

Complainant

Person Taking Report

For Human Resources Use Only

HR Office report received by _____ Date received _____
(Name)

Action taken by district/school personnel: _____

Date of Action: _____ Date of Follow-Up _____