



Perry Community School District
Formal Complaint of Sexual Harassment

School Administration Center
1102 Willis Ave., Suite 200
Perry, Iowa 50220
Office: (515) 465-4656
Fax: (515) 465-4025
www.perry.k12.ia.us

Name: _____ Date: _____

Were you the target of the conduct alleged in this report? (Circle one): Yes No

If no, who was the target of the conduct alleged in this report? _____

Name of individual who engaged in the conduct alleged below: _____

Describe the conduct that led to this complaint (attach additional pages if needed):

Date(s) of each incident:

Location(s) of each incident:

Name(s) of possible witnesses for each incident:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Print Name: _____ Date: _____

Signature: _____