



Palomar Community College District Sexual Harassment Complaint Form

CONFIDENTIAL

Date _____

Complainant's Name _____
[Please Print]

Street Address _____ Phone # (____) _____

City, State, Zip _____

Check One: Employee _____ Student _____ Applicant _____ Other _____

Summary of Complaint: [attach additional pages and provide as much detail as possible to include, date(s), time(s), place(s), and specific acts complained of, identity of witnesses.]

Against whom is this complaint? _____
[Name, Position, Location]

What relief are you seeking? _____

What steps have been taken to resolve the problem that caused this Complaint? _____

Who else has been told about this? _____

How, when, and where can you be reached? _____

Submitted to _____
[Name] [Title]

Dated Submitted _____

Complainant's Signature _____

Date Received in Human Resource Services _____ By _____