

Willow Creek Academy

Exhibit 4119.11

SEXUAL HARASSMENT COMPLAINT FORM

Your Name: Date of Alleged Incident(s):

\_\_\_\_\_

Name of Person(s) you believe sexually harassed you or someone else:

\_\_\_\_\_

\_\_\_\_\_

—

List any witnesses that were present:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Signature of Complainant

\_\_\_\_\_ Print Name

Received by:

\_\_\_\_\_ Print Name

Date: \_\_\_\_\_

Documentation

Where did the incident(s) occur?

\_\_\_\_\_

Please describe the events or conduct that are the basis of your complaint by providing as much factual detail as possible (i.e. specific statements; what, if any, physical contact was involved; any verbal statements; what did you do to avoid the situation, etc.) (Attach additional pages, if needed):

\_\_\_\_\_

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\_\_\_\_\_

*More space can be used if needed.*

I acknowledge that I have read and that I understand the above statements. I hereby authorize Willow Creek Academy to disclose the information I have provided as it finds necessary in pursuing its investigation.

I hereby certify that the information I have provided in this complaint is true and correct and complete to the best of my knowledge and belief.

Date: \_\_\_\_\_

\_\_\_\_\_ Signature of Complainant

Adopted: February 11, 2009 (embedded in AR 4119.11)

Amended: