

**Tonasket School District**  
**Staff and Student Sexual Harassment Complaint Form**

Received in the Office by (name): \_\_\_\_\_ via: \_\_\_\_\_ Date: \_\_\_\_\_

Sexual harassment means unwelcome conduct or communication of a sexual nature. It is important that you report the facts as accurately and completely as possible and that you cooperate fully with the persons designated to investigate the complaint.

**Where to File:** Complaint forms will be available from any school office. Once completed, complaints may be submitted by mail, fax, e-mail or hand-delivery to the district Title IX Coordinator, Steve McCullough, 35 DO Hwy 20 East, Tonasket, WA 98855, 509-486-2126, smccullough@tonasket.wednet.edu.

**Confidentiality:** If a complainant requests that his or her name not be revealed to the alleged perpetrator or asks that the district not investigate or seek action against the alleged perpetrator, the request will be forwarded to the building administrator for evaluation. Honoring the request may limit its ability to respond fully to the incident, including pursuing disciplinary action against the alleged perpetrator.

If the complainant still requests that his or her name not be disclosed to the alleged perpetrator or that the district not investigate or seek action against the alleged perpetrator, the district will need to determine whether or not it can honor such a request while still providing a safe and nondiscriminatory environment for all students, staff and other third parties engaging in district activities, including the person who reported the sexual harassment.

Although a complainant's request to have his or her name withheld may limit the district's ability to respond fully to an individual allegation of sexual harassment, the district will use other appropriate means available to address the sexual harassment.

**Retaliation and False Allegations:** Retaliation against any person who makes or is a witness in a sexual harassment complaint is prohibited and will result in appropriate discipline. The district will take appropriate actions to protect involved persons from retaliation.

It is a violation of district policy to knowingly report false allegations of sexual harassment. Persons found to knowingly report or corroborate false allegations will be subject to appropriate discipline.

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Name of student/staff filing the complaint: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ School: \_\_\_\_\_

*Please answer the following questions about the incident.*

List the name of the person(s) accused of sexual harassment: \_\_\_\_\_

Relationship between you and the accused person: \_\_\_\_\_

Describe the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(You may use additional pages to describe your complaint more fully if you so desire.)

Where and when did it happen? \_\_\_\_\_

Were there any witnesses?  yes  no If yes, who? \_\_\_\_\_

Is this the first incident?  yes  no If no, how many times has it happened before? \_\_\_\_\_

Other information, including previous incidents or threats: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all statements made in the complaint are true and complete. Any intentional misstatement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation.

Signature of student/staff: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of school official receiving complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of school official conducting follow-up: \_\_\_\_\_ Date: \_\_\_\_\_

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Notes of actions taken by school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information from student or staff: