

UTICA CITY SCHOOL DISTRICT

Complaint Form

The Utica City School District and its designees shall respect the right to confidentiality of the complainant, witness (if any) and the accused consistent with the school district's legal obligations.

Name of Complainant: _____

Position of Complainant: _____

Date of Complaint: _____

Name of Alleged Harasser: _____

Date & Place of Incident(s): _____

Description of Misconduct: _____

Name of Witnesses: _____

Evidence of Harassment, i.e., letters, photos: _____

Any Other Information: _____

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

Signature: _____

Date: _____