BOARD OF TRUSTEES
CARSON CITY SCHOOL DISTRICT

REGULATION No. 343
CERTIFIED STAFF

SEXUAL HARASSMENT
COMPLAINT FORM

This complaint is filed number:

( ) SECTION 703-TITLE VII

Name:_____ Date:_____
Complainant

Position:_____ Site Location:_____

Description of Complaint: (Add additional pages if needed)_____

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Signature of Complainant

Return to Compliance Officer:
SECTION 703—TITLE VII

Associate Superintendent, Human Resources

BOARD OF TRUSTEES
CARSON CITY SCHOOL DISTRICT

REGULATION No. 343
CERTIFIED STAFF

SEXUAL HARASSMENT
DISPOSITION OF COMPLAINT FORM

This complaint is filed under:

( ) SECTION 703 – TITLE VII

TO:_____ DATE:_____
Complainant

FROM:_____
Name of Compliance Officer

Disposition of Complaint:_____

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Supporting Evidence and Reasons:_____

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_____
Signature of Compliance Officer

Appeal Must be Filed By:_____
Next Level of Appeal:_____