

**COMPLAINT/REPORTING FORM**  
**Student-to-Student Sexual Harassment**  
**Chancellor's Regulation A-831**

*Please complete form as clearly and with as much detail as possible and to the extent you have such information.*  
Reporter Information

Name: \_\_\_\_\_

School/DBN: \_\_\_\_\_

Are you making this report because you were a **victim of an incident** of student-to-student sexual

harassment Yes  No

Are you making this report because you **witnessed an incident** of student-to-student sexual harassment?

Yes  No

Are you making this report because an incident of student-to-student sexual harassment was **reported to**

**you**? Yes  No

**If yes – please indicate:**

- the name/title of the person who reported it to you:

\_\_\_\_\_

- date you verbally reported incident to principal/designee or the Sexual Harassment Prevention (SHP) liaison:

\_\_\_\_\_

- the name of the principal/designee or SHP liaison to whom you reported the incident:

\_\_\_\_\_

Name(s) of the students involved in the incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s), time(s), and location(s) where the alleged behavior occurred (if known):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

