



# East San Gabriel Valley Regional Occupational Program and Technical Center

1501 W. Del Norte Street, West Covina, CA 91790 • 626/472-5131 • FAX 626/472-5145

## PERSONNEL OFFICE

### COMPLAINT/INVESTIGATION RECORD

(Student-to-Student, Student-to-Adult, Adult-to-Adult, and Adult-to-Student Sexual Harassment)  
(For School/District Recording Purposes only)

School/Department	
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Name of person who is the target of the behavior		First Name		
Last Name				
Student/Grade		Adult/Position	M <input type="checkbox"/>	F <input type="checkbox"/>
Site or Work Location				

Name of person who is accused of the behavior		First Name		
Last Name				
Student/Grade		Adult/Position	M <input type="checkbox"/>	F <input type="checkbox"/>
Site or Work Location				

#### INCIDENT INFORMATION:

Date(s)/Incident	Place/Incident
Name(s) of Any Witness(es)	

#### BRIEF DESCRIPTION OF INCIDENT:

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### TITLE IX SEX DISCRIMINATION/SEXUAL HARASSMENT COMPLAINT FORM

**Person filing complaint:**

Name			
	Last	First	Middle
Home Address			
	Street	City	Zip Code
Home Telephone		Other Contact Number	
<b>Person Filing Complaint:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Advocate <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other			

**Indicate if complaint filed on behalf of another:**

Name				
	Last		First	Middle
For Student:	/	/	For Employee	Worksite
	Date of Birth	Grade		
School Site				

**Please give the facts about the complaint and attach any relevant documents, if available:**

Date of Incident		Place of Incident	
Name(s) of Accused Person(s)			
Name(s) of Witness(es)			
<b>Brief Description of Incident:</b>          			

**Has your complaint been discussed with any ESGVROP/TC Personnel?     Yes     No**

**If yes, to whom (person/office) have you spoken and what was the outcome?**

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## PERSONNEL OFFICE

Name of Person who received this complaint			
Signature/Title		Date Received	

(If different from above)

Name of Person who received this complaint			
Signature/Title		Date Received	

### I. RECORD OF INVESTIGATION:

Interview alleged target of sexual harassment	Date / /	Interview accused person	Date / /
Interview Witness(es) (if any)	Date / /		
Seek assistance, as needed, from Supervisor, other District Personnel, or other Sources:			
Person/Office		Date / /	
Person/Office		Date / /	
Person/Office		Date / /	

### II. FINDINGS/DETERMINATION:

<input type="checkbox"/>	Findings indicate sexual harassment occurred	<input type="checkbox"/>	Corrective actions needed
<input type="checkbox"/>	Findings indicate that inappropriate behavior occurred, but the behavior did not meet the defining elements of sexual harassment	<input type="checkbox"/>	Corrective actions needed
<input type="checkbox"/>	There are no findings of sexual harassment or inappropriate behavior	<input type="checkbox"/>	Corrective actions needed

### III. CORRECTIVE ACTIONS:

	Involving Accused Person(s)	Date		Involving Alleged Target(s)	Date
<input type="checkbox"/>	Provide Copy & Explain District Sexual Harassment Policy and/or Procedures	/ /	<input type="checkbox"/>	Provide Copy & Explain District Sexual Harassment Policy and/or Procedures	/ /
<input type="checkbox"/>	Disciplinary Conference	/ /	<input type="checkbox"/>	Administrator Conference	/ /
<input type="checkbox"/>	Referral for School Counseling	/ /	<input type="checkbox"/>	Referral for School Counseling	/ /
<input type="checkbox"/>	Education/Behavior Contract	/ /	<input type="checkbox"/>	Referral for Outside Counseling	/ /
<input type="checkbox"/>	Classroom Change	/ /	<input type="checkbox"/>	Parent Informed of Complaint <input type="checkbox"/> Conference <input type="checkbox"/> Letter <input type="checkbox"/> Telephone	/ /
<input type="checkbox"/>	Detention Assigned	/ /	<input type="checkbox"/>	**Caution: In sexual orientation harassment, consult with student (alleged target) as to a safe way to inform parent or guardian of the harassment	/ /
<input type="checkbox"/>	Parent Informed of Complaint <input type="checkbox"/> Conference <input type="checkbox"/> Letter <input type="checkbox"/> Telephone	/ /	<input type="checkbox"/>	Monitor to Check that Unwanted Behavior has Stopped	/ /
<input type="checkbox"/>	Opportunity Transfer	/ /	<input type="checkbox"/>	<input type="checkbox"/> After One Week	/ /
<input type="checkbox"/>	Expulsion	/ /	<input type="checkbox"/>	<input type="checkbox"/> After Two Weeks	/ /
<input type="checkbox"/>	Accused Student's Parents Notified of Resolution of Incident/Complaint	/ /	<input type="checkbox"/>		

DESCRIBE ANY OTHER ACTIONS TAKEN OR FURTHER REMEDIAL ACTION TO BE UNDERTAKEN TO PREVENT RECURRENCE OF THE INCIDENT/BEHAVIOR:

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### IV. NOTIFICATION OF FINDINGS AND ACTIONS TAKEN:

<input type="checkbox"/>	Targeted Person	Date / /		<input type="checkbox"/>	Parents	Date / /
<input type="checkbox"/>	Targeted Person	Date / /		<input type="checkbox"/>	Parents	Date / /

