



# San Diego Unified School District

## Sexual Harassment Complaint

(Reference Administrative Regulations & Board Policies 5145.7, 5145.71, and 4119.11)

### PERSON FILING COMPLAINT

<input type="checkbox"/> Employee				<input type="checkbox"/> Parent		<input type="checkbox"/> Guardian		<input type="checkbox"/> Student		<input type="checkbox"/> Authorized Representative		<input type="checkbox"/> Title IX Coordinator	
Full Name(s):						Title:							
Address:						Apt #:							
City:				State:				Zip Code:					
Phone #:				Alt Phone #:									
Email Address:													

### ALLEGED VICTIM(S)

<input type="checkbox"/> Student (Birthdate: _____ )												<input type="checkbox"/> Employee (ID #: _____ )												<input type="checkbox"/> Other-specify: _____											
Full Name:						Title:																													
<input type="checkbox"/> Address same as person filing complaint (above)																																			
Address:						Apt #:																													
City:				State:				Zip Code:																											
Phone #:				Alt Phone #:																															
Email Address:																																			
<input type="checkbox"/> Student (Birthdate: _____ )												<input type="checkbox"/> Employee (ID #: _____ )												<input type="checkbox"/> Other-specify: _____											
Full Name:						Title:																													
<input type="checkbox"/> Address same as person filing complaint (above)																																			
Address:						Apt #:																													
City:				State:				Zip Code:																											
Phone #:				Alt Phone #:																															
Email Address:																																			

### COMPLAINT DETAILS

Name(s) of Accused:				<input type="checkbox"/> Student				<input type="checkbox"/> Employee				<input type="checkbox"/> Other Enter			
Name(s) of Accused:				<input type="checkbox"/> Student				<input type="checkbox"/> Employee				<input type="checkbox"/> Other			
Name(s) of Accused:				<input type="checkbox"/> Student				<input type="checkbox"/> Employee				<input type="checkbox"/> Other			
School/Location:						School Program/Activity:									
Date of Incident(s):						Frequency of Incident(s):									
How did you learn of the alleged misconduct?															
_____															
_____															
Is the alleged victim currently participating any District programs or activities? <input type="checkbox"/> Yes <input type="checkbox"/> No															

### WITNESS(ES)

1.				<input type="checkbox"/> Student				<input type="checkbox"/> Employee				<input type="checkbox"/> Parent/Guardian				<input type="checkbox"/> Other			
2.				<input type="checkbox"/> Student				<input type="checkbox"/> Employee				<input type="checkbox"/> Parent/Guardian				<input type="checkbox"/> Other			
3.				<input type="checkbox"/> Student				<input type="checkbox"/> Employee				<input type="checkbox"/> Parent/Guardian				<input type="checkbox"/> Other			

**NATURE OF THE COMPLAINT**

Describe the unwelcome sexual conduct. What allegedly was said or done? Include the dates, times and locations of the alleged conduct, detailed circumstances, any people involved, and all evidence pertaining to each allegation. Attach any pertinent documentation and/or evidence.

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If the alleged victim is a student, how have they been denied equal access to one or more of the District’s educational programs or activities as a result of the conduct. Provide details regarding the program or activity and how the educational program or activity has been denied?

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**REPORTING**

Have you previously reported the alleged discrimination, harassment, intimidation, and/or bullying violation to District personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:		
Name:	Position:	Date:
School or Dept:		
Result/outcome of the contact?		
_____		
_____		
_____		
Name:	Position:	Date:
School or Dept: Enter		
Result/outcome of the contact?		
_____		
_____		
_____		
Name:	Position:	Date:
School or Dept:		
Result/outcome of the contact?		
_____		
_____		
_____		

**OUTCOME**

What is the outcome/resolution you desire from filing this complaint?
_____
_____
_____
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_____
_____
_____

**SUPPORTIVE MEASURES**

Have Supportive Measures been implemented for the alleged victim(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, by whom?	<input type="checkbox"/> Principal <input type="checkbox"/> VP <input type="checkbox"/> Counselor <input type="checkbox"/> Other
List Supportive Measures already in place:	
Would you like to request (additional) Supportive Measures? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**If yes, provide suggested or additional Supportive Measures?**

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**ACKNOWLEDGMENT**

I am filing a Sexual Harassment Complaint and requesting to initiate the grievance procedure required under the District’s Sexual Harassment Policies (referenced above). The District has provided me with copies of the relevant policies (by hard copy and/or web link) and I have read them.

The District will email or mail a written response to the address I provided on this form within 45 calendar days of the District’s receipt of this complaint. The timeline may be extended by written mutual agreement.

Should the allegations of Sexual Harassment not rise to the level of the federal definition of sexual harassment as prescribed under the Title IX regulations, the complaint will be processed under the District’s Uniform Complaint Procedure (“UCP”), which are AP & BP 1312.3, as a sex-based discrimination, harassment, intimidation and/or bullying complaint. The UCP timeline is 60 calendar days.

In order to conduct an appropriate and accurate investigation, the District may need to conduct a verbal interview (telephone, electronic, or in person) of me, my minor child(ren), or both. I understand that if I refuse to provide the investigator with documents or other evidence related to the allegations in the complaint, or to otherwise fail or refuse to cooperate in the investigation or engage in any other obstruction of the investigation the District may dismiss the complaint because of a lack of evidence to support the allegations.

In addition, I have a right to appeal the District’s decision. The appeal must be filed within 10 calendar days of receiving the notice of the District’s decision or dismissal. Appeals submitted after this deadline will not be considered. An appeal must state the grounds for the appeal and include any relevant documentation in support of the appeal. Instructions for appealing the District’s decision will be included in the written response.

I understand I may withdraw this complaint in writing at any time during this process.

I certify that the contents included in, and evidence provided with, this complaint are truthful and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT BY COMPLETING THIS FORM AND**  
by mailing or emailing it to:

**Lynn A. Ryan**  
Title IX Coordinator  
4100 Normal Street, Room 2129  
San Diego, CA 92103  
[lryan@sandi.net](mailto:lryan@sandi.net)