



Savannah-Chatham County Public School System  
**APPENDIX A - FORMAL GRIEVANCE REPORTING  
SEXUAL HARRASSMENT**

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**1. Identification of Complainant**

Do you believe that you or your child/ward have been the target or recipient of sexual harassment? If so, please indicate the name and contact information of that target or recipient:

**2. Identification of Other Possible Complainants**

Are you aware of other individuals who were the target or recipient of sexual harassment along with you and your child/ward? If so, please list those individuals:

**3. Identification of Possible Respondents**

Who do you assert committed acts that amount to sexual harassment that were directed towards individuals (including you) listed above? *(If there is an individual that committed acts of sexual harassment who you are unable to identify by name, please provide as much information as you are able regarding that individual.)*

**4. Description of Alleged Harassment**

When (time) and where (location) did the actions that you allege to be sexual harassment occur? (You may list multiple times and places)

Please describe the conduct that you allege to be sexual harassment?

By signing below, you are instructing the District to initiate a Formal Grievance Process against any Possible Respondents referenced on this form that are subject to such a Process.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Basis for Status as Complainant