

OHLONE COMMUNITY COLLEGE DISTRICT
OHLONE COLLEGE

SEXUAL HARASSMENT COMPLAINT AND INVESTIGATION

To be completed by complainant:

****PLEASE PRINT****

NAME _____ DATE _____

ADDRESS _____
Street or Post Office Box City Zip Code

RESIDENTIAL TELEPHONE NO. (_____) BUSINESS TELEPHONE NO. (_____) _____
Area Code Area Code

Indicate telephone number where you can be reached between 8 a.m. and 5 p.m.

Please state the facts and dates of occurrences or object of your complaint and any other pertinent information.
(Use a separate page if you wish.)

If there are others who can provide further information, please list names, addresses, and phone numbers

NAME

ADDRESS

PHONE

I certify that this information is accurate.

Signature of Complainant/Date

Please complete this form and schedule a meeting with the Vice President, Student Services, who is the sexual harassment officer, Room 7122, Fremont campus, phone (510) 659-6262.

OHLONE COMMUNITY COLLEGE DISTRICT
OHLONE COLLEGE

SEXUAL HARASSMENT INVESTIGATION

To be completed by Sexual Harassment Officer or designee:

I. CHARGES

Complaint form received--Date _____

Met with complainant--Date _____

Comments: _____

II. INVESTIGATION

Met with person complained about--Date _____

Met with other involved person(s)--name, title, and date _____

Other Investigative Steps _____

III. RESOLUTION

IV. COMMUNICATION

To Complainant on _____ To Charged Person on _____

To File (state Personnel or other) _____

Sexual Harassment Officer or Designee