# MPSB Formal Complaint of Sexual Harassment

Name: Date: Name of individual(s) who engaged in the conduct alleged below:

Describe the conduct that led to this complaint (attach additional pages if needed):

Date(s) of each incident:

Location(s) of each incident:

Names of possible witnesses:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: Date: