

REGIONAL SCHOOL DISTRICT No. 17 PUBLIC SCHOOLS

SEXUAL HARASSMENT REPORT FORM

The Regional School District No. 17 Public Schools maintains a firm policy prohibiting all forms of discrimination based on sex. Sexual harassment against students or employees is sex discrimination. All persons are to be treated with respect and dignity. Sexual advances or other forms of personal harassment by any person, male or female, which create an intimidating, hostile or offensive environment will not be tolerated under any circumstances. Individuals who suspect that they may be victims of sexual harassment shall complete this form and file it with the District Title IX Compliance Officer _____ at

Complainant
Home Address
Work Address
Home Phone _____ Work Phone

Date of Alleged Incident(s)
Name of person(s) you believe sexually harassed you
List any witnesses that were present

Where did the incident(s) occur?

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any specific verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

This complaint is filed based on my honest belief that _____ has sexually harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

(Complainant Signature)

(Date)

Received by _____
Signature-District
Title IX Compliance
Officer

(Date)

A copy of this form shall be provided to the complainant.