

SEXUAL HARASSMENT REPORT FORM

General Statement of Policy Prohibiting Sexual Harassment: It is the policy of the Board of Trustees to promote working and learning environments free from sex and gender-based harassment, discrimination, and retaliation, and to affirm the Post Falls School District’s commitment to non-discrimination, equity in education and equal opportunity for employment.

Complainant _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

Who was responsible for the harassment or incident(s)?

Describe the incident(s):

Date(s), time(s), and place(s) the incident(s) occurred:

Were other individuals involved in the incident? If yes, name the individual(s) and explain their roles:

Did anyone witness the incident(s)? If yes, name the witnesses:

Did you take any action in response to the incident? If yes, what action did you take?

Were there any prior incidents? If yes, describe any prior incidents:

I hereby certify that the information I have provided in this complaint is true, correct and complete to best of my knowledge and belief.

Complainant Signature _____ Date _____

Parent/Legal Guardian _____ Date _____
(If applicable)