

<b>Dupree School District</b>	<b>NEPN Code: ACAA-E(1)</b>
<b>Policy Manual</b>	

**Sexual Harassment Complaint Report Form**

Date Form Completed: \_\_\_\_\_

Form Completed by: \_\_\_\_\_

Person Reporting the Bullying: \_\_\_\_\_

Address/Phone # of the Person Reporting the Bullying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of Complaint: (With specificity, identify the person(s) alleged to have bullied, the conduct which is the basis of the sexual harassment complaint, when/where the conduct occurred, the person(s) alleged to have bullied, witnesses, and any other pertinent information):

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\_\_\_\_\_

(use additional sheets if necessary).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: School Employee Completing the Sexual Harassment Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Person Reporting the Sexual Harassment

Adopted: 11 June 2018  
Reviewed: 23 July 2018