

REPORT OF SEXUAL HARASSMENT

This form is to be used by any student who has been subject to or observed sexual harassment; as well as by any employee who has observed sexual harassment of a student by another student or employee. To ensure full investigation of the allegation, the form should be completed as accurately as possible. An investigation may require the person submitting the report to be interviewed. If you wish to remain anonymous and not have your name or other identifiable information used in the investigation of the alleged incident of sexual harassment, the ability of the investigator to respond to your complaint may be limited.

(Please Print legibly or complete electronically and print out form)

Date:

Name of person making report of sexual harassment:

Address of person making report:

City: State: Zip:

Home Phone: Cell Phone:

School or employee's work site:

Grade or employee's position:

Name of person(s) alleged to have committed the act of sexual harassment:

Is this person a/an: Student Employee

Name of any witnesses:

Is this person a/an: Student Employee

Description of incident? (Be specific. List what happened, when it happened, and where it happened)

Signature of person making complaint

Date

Name of person receiving complaint (Print)

Signature of person receiving complaint

Date