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3 **PERSONNEL**

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5 **Sexual Harassment Reporting/Intake Form for Employees**

6 This form is not required. Complaints may be submitted in any matter noted in Policy 5012. The  
7 form may be used by the Title IX Coordinator to document allegations.

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9 School \_\_\_\_\_ Date \_\_\_\_\_

10  
11 Employee's name \_\_\_\_\_

12  
13 ● Who was responsible for the harassment or incident(s)? \_\_\_\_\_

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15  
16 ● Describe the incident(s). \_\_\_\_\_

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19  
20 ● Date(s), time(s), and place(s) the incident(s) occurred. \_\_\_\_\_

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23  
24 ● Were other individuals involve in the incident(s)?  yes  no  
25 If so, name the individual(s) and explain their roles. \_\_\_\_\_

26  
27  
28  
29 ● Did anyone witness the incident(s).  yes  no  
30 If so, name the witnesses. \_\_\_\_\_

31  
32  
33  
34 ● Did you take any action in response to the incident?  yes  no  
35 If yes, what action did you take? \_\_\_\_\_

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37  
38  
39 ● Where there any prior incidents?  yes  no  
40 If so, describe any prior incidents. \_\_\_\_\_

41  
42  
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44  
45 Signature of complainant \_\_\_\_\_ Date \_\_\_\_\_

1 Retaliation is prohibited by federal law and District policy. The identity of the individual signing  
2 this form will remain confidential in accordance with law and policy.

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4 Policy History

5 Adopted on: August 23, 2010

6 Revised on: February 12, 2018

7 Revised on: February 22, 2021