



**Keller Independent School District
Sexual Harassment Report Intake Form
(Policy FFI & FFH)**

Campus: _____ Today's Date: _____

Administrator Completing Report: _____

Title: _____

Person Reporting alleged Sexually Harassing Conduct (if not Complainant): _____

Alleged Complainant's Name: _____ Grade: _____ ID#: _____

Alleged Respondent's Name(s): _____ Grade: _____ ID#: _____

_____ Grade: _____ ID#: _____

_____ Grade: _____ ID#: _____

Name(s) of Witness(es) to Alleged Conduct:

Date(s) of Incident(s): _____ Time of Incident(s): _____

Location of Incident(s): _____

Description of Incident(s) or Event(s):

Was Incident ever reported to, or witnessed by, any other District employees? Yes No

If yes, to whom, when, and what was done:

Other information, including prior incidents or threats:

Receiving School Administrator's Signature: _____ Date: _____

Additional comments or notes from receiving administrator:

Upon completion forward immediately, with any additional documents
to Sheri Rich (Title IX Coordinator).