



SEXUAL HARASSMENT REPORT INTAKE FORM

Campus: _____ Today's Date: _____

Administrator Completing Report: _____

Person(s) Reporting alleged Sexually Harassing Conduct (If not Complainant):

Alleged Complainant's Name: _____

Grade: _____

ID# _____

Alleged Respondent's Name: _____

Grade: _____

ID# _____

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

Date(s) of Incident(s): _____

Time(s) of Incident(s): _____

Location(s) 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 Name: _____

Receiving School Administrator's Signature: _____

Date: _____

**UPON COMPLETION FORWARD IMMEDIATELY, WITH ANY ADDITIONAL DOCUMENTS,
TO THE TITLE IX COORDINATOR.**