

SEXUAL HARASSMENT REPORT STATEMENT

Complainant: _____

Address: _____

Home Phone: _____ Work _____
Phone: _____

Date(s) of alleged incident(s): _____

Name(s) of person(s) you believe sexually harassed you: _____

List any witnesses that were present: _____

Where did the incident(s) occur?: _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements, i.e., threats, requests, demands, etc.; what, if any, physical contact was involved; what you did to avoid the situation, etc. (Attach additional pages and any other documentation if necessary): _____

Ector County ISD
068901

EMPLOYEE STANDARDS OF CONDUCT
SEXUAL HARASSMENT/SEXUAL ABUSE

DIA
(EXHIBIT)C

This complaint is based on my honest belief that _____ has sexually harassed me. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant signature: _____

Date: _____

Copies forwarded to Title IX Director

By: _____

Date: _____