

SEXUAL HARASSMENT REPORT FORM
General Statement of Policy Prohibiting Sexual Harassment

_____ School District maintains a firm policy prohibiting all forms of harassment. All persons are to be treated with respect and dignity. Sexual harassment against students or employees is a violation of district policy. Sexual advances or other forms of personal harassment by any person, male or female, which create an intimidating, hostile, or offensive environment, will not be tolerated under any circumstances.

Complainant's Name: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Alleged Incident(s): _____

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

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, etc. (attach additional pages if necessary).

The complaint is filed 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

Received by Date

Title