

SEXUAL HARASSMENT REPORT FORM

1. Name: _____
2. School/Building: _____
3. Describe the conduct you found objectionable, including what force, if any, was used; verbal statements (threats, request, demands, etc.); what if any physical contact was involved (additional sheets may be attached):
4. Name of the person(s) alleged to be engaged in harassment: _____

5. If the alleged sexual harassment was directed against another person, identify the other person:

6. Date of incident described in #3: _____
7. Approximate time of incident in #3: _____
8. Location of incident in #3: _____
9. Names of witnesses to incident in #3: _____

10. Briefly describe the actions you would like to be taken by the School District in response to the matter you have identified: _____
11. Date this complaint submitted: _____

Complainant's Signature

TO COMPLAINANTS: PLEASE RETURN THIS FORM TO YOUR SCHOOL EQUITY COORDINATOR (PRINCIPAL), YOUR DISTRICT EQUITY COORDINATOR (DAVID ELCOCK, DIRECTOR OF PERSONNEL & CAPITAL RESOURCES), SUPERINTENDENT, OR SUPERINTENDENT'S DESIGNEE.

TO ALL PRINCIPALS AND OTHER TO WHO THIS COMPLETED FORM IS SUBMITTED: THIS COMPLETED FORM **MUST BE** TRANSMITTED TO DAVID ELCOCK, DISTRICT EQUITY COORDINATOR (DIRECTOR OF PERSONNEL AND CAPITAL RESOURCES) WITHIN ONE BUSINESS DAY OF THE DATE OF SUBMISSION.