

SEXUAL HARASSMENT REPORT FORM

1. Name:
2. School/Building where the incident occurred:
3. Description of Incident (Who was involved? What happened?) (additional sheets may be attached):
4. Name of the person(s) accused of harassment:
5. Name of the person who was harassed:
6. Date of incident described in #3:
7. Approximate time of incident in #3 (e.g., lunch period, recess, first period):
8. Location of incident described in #3 (e.g. classroom, hallway, bathroom, bus):
9. Names of any witnesses to incident described in #3:
10. Date this complaint submitted:
11. Complainant's Signature:

TO COMPLAINANTS: PLEASE RETURN THIS FORM TO YOUR SCHOOL EQUITY COORDINATOR (PRINCIPAL), YOUR DISTRICT EQUITY COORDINATOR (DIRECTOR OF HUMAN 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 THE DISTRICT EQUITY COORDINATOR WITHIN ONE BUSINESS DAY OF THE DATE OF SUBMISSION.