Sexual Harassment and Sexual Violence Employee/Staff Report Form

General Statement of Policy Prohibiting Sexual Harassment

The School District maintains a firm policy prohibiting all forms of discrimination based on sex. Sexual harassment and sexual violence against students or employees is sex discrimination. All persons are to be treated with respect and dignity. Sexual violence, 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: ___________________________________________

School Building: ____________________________ Grade: __________

Home Address: ___________________________________________

Work Address: ___________________________________________

Home Phone: ____________________________ Work Phone: ____________________________

Date of Alleged Incident(s):

____________________________________________________________________

Name of person you believe has engaged in sexual harassment or sexual violence:

____________________________________________________________________

____________________________________________________________________

Name of person(s) who were the target of the harassment, if any (you, a friend, etc.):

____________________________________________________________________

____________________________________________________________________

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 specific verbal statements were made, if any (including comments, threats, requests, demands, etc.); what, if any, physical contact was involved; what force, if any, was used; was this verbally reported to anyone. (Attach additional pages if necessary.)

This complaint is filed based on my honest belief that sexual harassment or violence has occurred. 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: _______________________________ Dated: ___________________

Received by: ________________________________________ Dated: ___________________