

**Report of Sexual Harassment**

This form shall be maintained as confidential by the District within the limitations outlined in policy.

Name: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Employment Position: \_\_\_\_\_

School: \_\_\_\_\_

Street Address: \_\_\_\_\_

The particulars are (if additional space is needed, attach extra sheets):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons Involved:

\_\_\_\_\_  
\_\_\_\_\_

Description of dates, places and nature of sexual harassment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses (if any):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Complaining Person