

**General Personnel**

**Exhibit - Sexual Harassment Report Form**

School \_\_\_\_\_ Complainant's Name \_\_\_\_\_

Status In District: Student \_\_\_ Employee \_\_\_ Volunteer \_\_\_ Other \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date(s) of alleged incident(s) \_ \_\_\_\_\_

Name of person who you believe sexually harassed you \_\_\_\_\_

List any witnesses who were present during the alleged incident \_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

Describe the incident as clearly as possible, including such things as: any verbal statements (i.e. threats, requests, demands, etc.): what, if any, physical contact was involved: etc. (Attach additional pages or any anecdotal records of necessary)

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

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

\_\_\_\_\_  
Parent Signature  
(if student is considered a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by (Investigator)

\_\_\_\_\_  
Date

