

Sexual Harassment Reporting/Intake Form for Employees

This form is not required. Complaints may be submitted in any manner noted in Policy 5012. The form may be used by the Title IX Coordinator to document allegations.

School _____ Date _____

Employee's name _____

• Who was responsible for the harassment or incident(s)? _____

• Describe the incident(s). _____

• Date(s), time(s), and place(s) the incident(s) occurred. _____

• Were other individuals involved in the incident(s)? yes no

If so, name the individual(s) and explain their roles. _____

• Did anyone witness the incident(s)? yes no

If so, name the witnesses. _____

• Did you take any action in response to the incident? yes no

If yes, what action did you take? _____

• Were there any prior incidents? yes no

If so, describe any prior incidents. _____

Signature of complainant _____

Retaliation is prohibited by federal law and district policy. The identity of the individual signing this form will remain confidential in accordance with law and policy.