

**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):

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Persons Involved:

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Description of dates, places and nature of sexual harassment:

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Witnesses (if any):

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Signature of Complaining Person