

**SEXUAL HARASSMENT COMPLAINT  
REPORT FORM**

Date Form Completed: \_\_\_\_\_

Form Completed by: \_\_\_\_\_

Person Reporting the alleged Sexual Harassment: \_\_\_\_\_  
\_\_\_\_\_

Address/Phone # of the Person Reporting the alleged Sexual Harassment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Complaint: (With specificity, identify the person(s) alleged to have sexually harassed, the conduct which is the basis of the sexual harassment complaint, when/where the conduct occurred, the person(s) alleged to have sexually harassed, witnesses, and any other pertinent information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (use additional sheets if necessary).

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Employee Completing the Sexual Harassment Report Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Reporting the Sexual Harassment

**Adopted: February 2021**