

SEXUAL HARASSMENT REPORT FORM

TO: _____ Board of Education

FROM: _____ (Grievant's full name)

Grievant's relationship to the school district:

_____	Student classification _____	_____	Vendor
_____	Employee job title _____	_____	Volunteer

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Name(s) and title(s) of the individual(s) you believe sexually harassed you: _____

Date, time, place, and location of incident(s): _____

Please use reverse of this form or attach additional sheets if necessary.

Please list any witness(es) to the above-described incident(s): _____

I certify that I have completed this report to the best of my ability. The information I have provided is a true and accurate account which :
and belief.

Dated this _____ day of _____, 20_____.

(If under 18, parent must sign as well.)

This report was received by: _____