

REPORT OF SEXUAL HARASSMENT

This form is to be used by any employee or student who has either observed or been subject to sexual harassment. To insure full investigation, it should be completed as accurately as possible. It is not, however, critical to be 100 percent precise. An investigation may require the complainant to be interviewed.

Date: _____

Please Print

Name of complainant making a charge of sexual harassment: _____

Address of complainant: _____

Telephone Number: _____

Position or Grade: _____

Names of individuals involved in the harassment and indicate whether they are students or employees: _____

Please give a description of the sexual harassment in your own words.

Name of any witnesses, indicating whether they are employees or students _____

Complainant's Signature

Please see East Allen County School's policy on Sexual Harassment for more information on the topic. Present this report to your most immediate supervisor not involved in the harassment.

Report Number _____

INVESTIGATIVE REPORT OF ALLEGED SEXUAL HARASSMENT

Note: If additional spaces is needed, please attach separate sheets as referenced by report number.

Name of complainant _____

School and/or position _____

Nature of complaint _____ Student _____ Employee

Specific complaint _____

Date complaint filed _____

Name(s) of Respondent _____

Date Notified _____

Respondent's answer _____

Agrees with the facts

Disagrees with the facts

Explanation _____

Date of complainant notified _____

Complainant's response _____

Agrees with the facts

Disagrees with the facts

Explanation _____

