

SEXUAL HARASSMENT COMPLAINT FORM

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Person filing report: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Report of Incident(s). Please provide the following information:

1. Date of alleged incident(s): \_\_\_\_\_
2. Name of person you believe sexually harassed you: \_\_\_\_\_
3. Have you addressed your concern with the person(s) who you are accusing of this harassment?  
 Yes  
 No
4. Date of Incident: \_\_\_\_\_
5. Location of Incident: \_\_\_\_\_
6. List any witnesses that were present: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Describe the incident(s) as clearly as possible, including such things as: What force, if any, was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has sexually harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Person filing report: \_\_\_\_\_  
*Signature* *Date*

Printed name: \_\_\_\_\_

Signature and date of District employee receiving report:  
\_\_\_\_\_  
*Signature* *Date*