



**Reporting Form for
Sexual Harassment (Administrative Employees)**

I. Information about the person making this report

Full Name: _____ Date of Report: _____

Street Address: _____ City, State & Zip: _____

Phone Number: _____ School Building: _____

Affiliation: Student Parent/Guardian Employee Volunteer Visitor Other: _____

If you are not the victim of the reported sexual harassment, please identify the alleged victim.

Name: _____

The alleged victim is: Employee Other: _____

II. Information about the person(s) you believe is/are responsible for the sexual harassment you are reporting

Name: _____ Employee Other: _____

Name: _____ Employee Other: _____

Name: _____ Employee Other: _____

III. Information about the sexual harassment you are reporting

Approximate Date & Time of Incident: _____

Location Where Incident Occurred: _____

Type of Conduct: Unwelcome sexual advances Requests for sexual favors Verbal conduct
 Written conduct Physical contact Sexual Assault Other: _____

Please provide the name(s) of anyone who was present, even if only for part of the time, or has knowledge or information related to the reported conduct:

