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3 **Sexual Harassment Reporting/Intake Form for Employees**

4 This form is not required. Complaints may be submitted in any manner noted in Policy 5012. The form
5 may be used by the
6 Title IX Coordinator to document allegations.

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8 School _____ Date _____

9
10 Employee's name _____

11
12 • Who was responsible for the harassment or incident(s)? _____

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14
15 • Describe the incident(s). _____

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19 • Date(s), time(s), and place(s) the incident(s) occurred. _____

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23 • Were other individuals involved in the incident(s)? yes no
24 If so, name the individual(s) and explain their roles. _____

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29 • Did anyone witness the incident(s)? yes no
30 If so, name the witnesses. _____

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34
35 • Did you take any action in response to the incident? yes no
36 If yes, what action did you take? _____

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41 • Were there any prior incidents? yes no
42 If so, describe any prior incidents. _____

43
44
45
46 Signature of complainant _____

47
48 *Retaliation is prohibited by federal law and district policy. The identity of the individual signing this form*
49 *will remain confidential in accordance with law and policy.*