

2
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 may be used by the
5 Title IX Coordinator to document allegations.

6
7 School _____ Date _____

8
9 Employee's name _____

10
11 • Who was responsible for the harassment or incident(s)? _____

12
13
14 • Describe the incident(s). _____

15
16
17
18 • Date(s), time(s), and place(s) the incident(s) occurred. _____

19
20
21
22 • Were other individuals involved in the incident(s)? yes no
23 If so, name the individual(s) and explain their roles. _____

24
25
26
27
28 • Did anyone witness the incident(s)? yes no
29 If so, name the witnesses. _____

30
31
32
33
34 • Did you take any action in response to the incident? yes no
35 If yes, what action did you take? _____

36
37
38
39
40 • Were there any prior incidents? yes no
41 If so, describe any prior incidents. _____

42
43
44
45 Signature of complainant _____

46
47 *Retaliation is prohibited by federal law and district policy. The identity of the individual signing this form will*
48 *remain confidential in accordance with law and policy. Approved 10/19/2020*