

SEXUAL HARASSMENT AND SEXUAL VIOLENCE  
REPORT FORM

**General Statement of Policy Prohibiting Sexual Harassment**

The School District maintains a firm policy prohibiting all forms of discrimination based on sex. Sexual harassment and sexual violence against students or employees is sex discrimination. All persons are to be treated with respect and dignity. Sexual violence, sexual advances, or other forms of personal harassment by any person, male or female, that create an intimidating, hostile, or offensive environment will not be tolerated under any circumstances.

Complainant \_\_\_\_\_

Home Address \_\_\_\_\_

~~Work Address~~ **Email Address** \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Date(s) of Alleged Incident(s) \_\_\_\_\_

Name(s) of person(s) you believe sexually harassed or was/were sexually violent toward you: **(Add contact info, if known: phone, email, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

List any witnesses who were present: **(Add contact info, if known: phone, email, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

\_\_\_\_\_

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(continued)

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 you did to avoid the situation, etc. (Attach additional pages if necessary.)

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This complaint is filed based on my honest belief that \_\_\_\_\_  
\_\_\_\_\_ has sexually harassed or was sexually violent to 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.

Complainant Signature \_\_\_\_\_

Date \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_

Received by Title IX Coordinator: Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Adopted: May 16, 2002  
Revised: June 2, 2021 (Update call letters only)  
Proposed Revision Second Reading: April 20, 2022