



**Reporting Form for  
Discrimination on the Basis of Sex in Employment/Contract Practices**

**I. Information about the person making this report**

Full Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School Building: \_\_\_\_\_

Affiliation:  Employee  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:

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

