

## 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:	
one Number:School Building:		
Affiliation: ☐ Student ☐ Parent/Guardian	☐ Employee ☐ Volunteer ☐ Visitor ☐ Other:	
If you are not the victim of the reported sea	kual harassment, please identify the alleged victim.	
Name:		
	•	
II. Information about the person(s) you beli reporting	eve is/are responsible for the sexual harassment you are	
Name:	☐ Employee ☐ Other:	
Name:		
Name:	☐ Employee ☐ Other:	
III. Information about the sexual harassmen	nt you are reporting	
Approximate Date & Time of Incident:		
Location Where Incident Occurred:		
Type of Conduct: ☐ Unwelcome sexual adva	ances   Requests for sexual favors   Verbal conduct	
☐ Written conduct ☐ Phy	ysical contact   Sexual Assault  Other:	
Please provide the name(s) of anyone who vinformation related to the reported conduct	vas present, even if only for part of the time, or has knowledge or ::	

Please continue to the next page.

What happened? Provide details:		
Have you reported this sexual harassment to any other individual p	rior to giving this report?	
☐ Yes ☐ No If yes, who did you tell?		
certify that this information is true and correct to the best of my u	inderstanding.	
Signature of Person Reporting	Date	
Signature of Title IX Coordinator	Date	