

Sexual Harassment Reporting/Intake Form for Employees

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

School _____ Date _____

Employee's name _____

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

Describe the incident(s). _____

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

Were other individuals involved in the incident(s)? yes no

If so, name the witnesses. _____

Did you take any action in response to the incident(s)? yes no

If yes, what action did you take? _____

Were there any prior incidents? yes no

If so, describe any prior incidents. _____

Signature of complainant _____

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

Jefferson High School District #1

PERSONNEL

5012F
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3 Policy History:

4 Adopted on: November 2020

5 Revised on:

6

7 *Revision Note:*