

VIGO COUNTY SCHOOL CORPORATION  
TERRE HAUTE, INDIANA

File: GBCC-E

**REPORT OF SEXUAL HARASSMENT**

This form is to be used by any employee or student who has either observed or been subject to sexual harassment. To insure full investigation, it should be completed as accurately as possible. An investigation may require the complainant to be interviewed.

Date: \_\_\_\_\_

**Please Print**

Name of complainant making a charge of sexual harassment: \_\_\_\_\_

Address of complainant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position or Grade: \_\_\_\_\_

Names of individuals involved  
\_\_\_\_\_

in the harassment and indicate  
\_\_\_\_\_

whether they are students or employees: \_\_\_\_\_

Please give a description of the sexual harassment in your own words:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of any witnesses, indicating whether they are employees or students: \_\_\_\_\_

\_\_\_\_\_  
Complainant's Signature

Please see the Vigo County School Corporation's policy on Sexual Harassment for more information on the topic. Present this Report to your most immediate supervisor not involved in the harassment.

Adoption Date: April 30, 1992; Revised: April 8, 1996; August 25, 1997

Legal Ref:

Cross Ref:

JFHA-E