

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. It is not, however, critical to be 100 percent precise. 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: GBCC-E