

**SEXUAL HARASSMENT REPORT FORM**

TO: Howe Board of Education

FROM: \_\_\_\_\_ (Grievant's full name)

Grievant's relationship to the school district:

\_\_\_\_\_ Student  
 classification \_\_\_\_\_  
 \_\_\_\_\_ Employee  
 job title \_\_\_\_\_

\_\_\_\_\_ Vendor  
 \_\_\_\_\_ Volunteer

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name(s) and title(s) of the individual(s) you believe sexually harassed you: \_\_\_\_\_

Date, time, place, and location of incident(s): \_\_\_\_\_

Please use reverse of this form or attach additional sheets if necessary.

Please list any witness(es) to the above-described incident(s): \_\_\_\_\_

I certify that I have completed this report to the best of my ability. The information I have provided is a true and accurate account which is correct and complete to the best of my knowledge and belief.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 (If under 18, parent must sign as well.)

This report was received by: \_\_\_\_\_