

Associated School Boards of South Dakota	NEPN Code: ACAA-E(1)
Policy Reference Manual	

SEXUAL HARASSMENT COMPLAINT REPORT FORM

Date Form Completed: _____

Form Completed by: _____

Person Reporting the Sexual Harassment: _____

Address/Phone # of the Person Reporting the Sexual Harassment:

Nature of Complaint: (With specificity, identify the person(s) alleged to have sexually harassed, the conduct which is the basis of the sexual harassment complaint, when/where the conduct occurred, the person(s) alleged to have sexually harassed, witnesses, and any other pertinent information):

_____ (use additional sheets if necessary).

Date

School Employee Completing the Sexual Harassment Report Form

Date

Person Reporting the Sexual Harassment

Adopted: 3/30/2015

Revised:

Reviewed:

ASBSD sample exhibits are intended to be a guide for school districts. As is the case with any exhibit, a local school district's unique circumstances, challenges and opportunities need to be considered.

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