MARYSVILLE SCHOOL DISTRICT NO. 25

EMPLOYEE SEXUAL HARASSMENT REPORT FORM

Policy No. 5011; Sexual harassment is considered to be a form of sex discrimination, and it is illegal in schools and in the workplace under existing state and federal laws. It is the policy of the Board of Directors of Marysville School District to provide a working and learning environment that is free from all forms of illegal discrimination, including sexual harassment.

Complainant Name: ________________________________
Position: _______________________________________
Home Address: ________________________________ Phone: ______________________
Work Site/Bldg: ________________________________ Phone: ______________________

Name of person you believe sexually harassed you: ______________________________________

If he/she is an employee of the District, please provide location and position if possible:

Work Site Position: ________________________________
Relationship of alleged harasser to you:
Supervisor   Co-worker   Other

Date(s) of Alleged Incident(s):
Where and when did the incident(s) occur? ______________________________________

Describe the incident(s) of offensive behavior on the part of the alleged harasser as clearly as possible including comments, actions, requests, physical contact, etc. Include also how the behavior made you feel and what impact it had on you. Attach additional pages if necessary.

List any individuals who may have witnessed or had knowledge of the incident(s) of harassment. What interactions have you had if any, with the alleged harasser following the incident(s), such as telling him/her to stop or that you intend to report the incident(s).

Have you previously reported incidents of harassment about this individual before?
Yes   No
If yes, provide dates and to whom you reported ______________________________________

How would you like to see the problem resolved?

I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Complainant Signature: __________________________ Date: ______________________

Received By: __________________________ Date: ______________________