

2
3 **Harassment Reporting Form for Employees**

4 Reporting Employee's Name _____

5 Telephone _____

6 Building _____

7 Date _____

8
9 Who is responsible for the harassment or incident(s)? _____

10
11 Describe the incident(s). _____

12 _____

13 _____

14
15 Date(s), times(s), and place(s) the incident(s) occurred. _____

16 _____

17 _____

18
19 Were other individuals involved in the incident(s)? Yes No

20 If so, name the individual(s) and explain their roles. _____

21 _____

22 _____

23
24 Did anyone witness the incident(s)? Yes No

25 If so, name the witness(es). _____

26 _____

27 _____

28
29 Did you take any action in response to the incident? Yes No

30 If yes, what action did you take? _____

31 _____

32 _____

33
34 Were there any prior incidents? Yes No

35 If so, describe any prior incidents. _____

36 _____

37 _____

38
39 What resolution or corrective action are you requesting? _____

40 _____

41 _____

42 _____

43 _____
44 Signature of Individual

_____ Date

45 _____
46 Signature of Building Administrator

_____ Date

47
48 Attach additional documentation, as may be necessary and forward copy to District EEO/Title
49 IX/ADA/504 Nondiscrimination Coordinator

50 Policy History

51 Adopted on: August 23, 2010

52 Revised on: February 12, 2018