

REGIONAL SCHOOL UNIT No. 67

HARASSMENT REPORT FORM FOR EMPLOYEES

General Statement of Policy Prohibiting Harassment

R.S.U. No. 67 maintains a firm policy prohibiting all forms of discrimination. Sexual harassment against students or employees is sex discrimination. All persons are to be treated with respect and dignity. Sexual advances or other forms of personal harassment by any person, male or female, which create an intimidating, hostile or offensive environment will not be tolerated under any circumstances. (If additional space is required, please use reverse side of this form.)

Complainant \_\_\_\_\_

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

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

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

Date of Alleged Incident(s) \_\_\_\_\_

Name of person you believe harassed you \_\_\_\_\_

List any witnesses that were present \_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as what force, if any, was used; any verbal statement (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action(s) are you seeking in response to this alleged incident(s)?

\_\_\_\_\_  
\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has harassed me. I hereby certify that the information I have provided in this Complaint is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Complainant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Received by)

\_\_\_\_\_  
(Date)

Adopted: May 5, 2004