

**ALLEGED SEXUAL HARASSMENT FORM**

**General Statement**

Friend Public School maintains a firm policy prohibiting all forms of discrimination based on sex. 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, that creates a hostile or offensive environment will not be tolerated under any circumstances.

**Report**

Complainant: \_\_\_\_\_

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

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

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

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

Name of person your believe sexually harassed you: \_\_\_\_\_

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 statements (threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation. Attach additional pages if necessary.

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

**ALLEGED SEXUAL HARASSMENT FORM (Cont.)**

This complaint is filed based on my honest belief that \_\_\_\_\_  
\_\_\_\_\_ has sexually harassed me.

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

\_\_\_\_\_  
Printed Name of Complainant

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Who Receives Complaint

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

\_\_\_\_\_  
Date