



Huron School District #2-2

Policies and Regulations

Code:
ACAA-E(1)
Sexual Harassment Complaint
Report Form

Sexual Harassment Complaint Report Form

Date Form Completed: _____

Form Completed by: _____

Person Reporting Sexual Harassment: _____

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

Employee Involved: _____

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