

Metropolitan School District of Steuben County
REPORT OF SEXUAL HARASSMENT

This form is to be used by any employee or student who has been subject to sexual harassment. To insure full investigation, it should be completed as accurately as possible. Be as precise as possible. An investigation may require the complainant to be interviewed.

Date: _____

Report Number _____

Please Print

Name of complainant making a charge of sexual harassment: _____

Address of complainant: _____

Telephone Number: _____

Employee Position or Student Grade/School: _____

Names of individuals involved in the harassment and indicate whether they are students or employees:

_____	_____
_____	_____
_____	_____
_____	_____

Please give a description of the sexual harassment in your own words:

Names of any witnesses, indicating whether they are employees or students.

_____	_____
_____	_____
_____	_____
_____	_____

Complainant's signature _____

Please see the Metropolitan School District of Steuben County policy on Sexual Harassment for more information on the topic. Employee Policy (4118), Student Policy (6022) Present this Report to your building principal, the assistant superintendent , or Title IX Coordinator Cyndi Nusbaum.