CHENEY SCHOOL DISTRICT NO. 360

FORMAL SEXUAL HARASSMENT STAFF INCIDENT REPORT FORM

Cheney School District No. 360 is committed to a positive and productive education and working environment free from discrimination, including sexual harassment. The District prohibits sexual harassment of students, employees and others involved in school district activities. This form is to be used in accordance with Policy & Procedure 5011 for acts of sexual harassment **involving employees.**

COMPLAINANT INFORMATION

Your Name: _____ (If you wish your identity to remain confidential, be advised the District will most assuredly face due process requirements that will make available all District information to the accused.)

Home Phone: _____ Home Address: _____

School/Dept.: _____ Date of Alleged Incident(s): _____

Name of person you believe sexually harassed you: _____

List any witnesses that were present: _____

_____

Date you informed another staff member or direct supervisor of the incident: _____

Staff member or direct supervisor you informed: _____

INCIDENT INFORMATION

Describe the incident(s) as clearly as possible, including such things as: (a) where it occurred; (b) what force, if any, was used; (c) verbal statements that were made (i.e. threats, requests, demands, etc.); (d) and what, if any, physical contact was involved. Please attach additional pages if necessary.

_____

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_____

This complaint is filed based on my honest belief that _____ has created a harassing or hostile school/work environment for me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge. I understand that false accusations of harassment will be subject to discipline actions or other appropriate sanctions.

Complainant Signature: _____ Date: _____

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