

**INFORMAL 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: \_\_\_\_\_

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.

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

Which of the following actions are you requesting?

- Opportunity to explain to the alleged harasser that his or her conduct is unwelcome, offensive or inappropriate, either in writing or face-to-face.
- Statement from a supervisor to the alleged harasser that the alleged conduct is not appropriate and could lead to discipline if proven or repeated.
- General public statement from an administrator in a building reviewing the District sexual harassment policy without identifying the complainant.
- Immediate implementation of formal complaint process (to be heard by Compliance Officer).

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: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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**(FOR OFFICE USE ONLY)**

Supervisor who met with complainant: \_\_\_\_\_ Date: \_\_\_\_\_

- Notification of formal complaint option occurred. (Formal complaint would be heard by Compliance Officer.)
- Sexual Harassment Support document has been received by complainant.

Remedial action taken: \_\_\_\_\_

Action completed by (name): \_\_\_\_\_ Date: \_\_\_\_\_