

MORGAN HILL UNIFIED SCHOOL DISTRICT
SEXUAL HARASSMENT INCIDENT REPORT FORM

The District is committed to providing a workplace and educational environment free of sexual harassment (including harassment based on gender, sexual orientation, pregnancy, childbirth or related medical conditions). It is the policy of the District that sexual harassment by or of any employee, student, applicant, or other individual is unacceptable conduct and will not be tolerated.

Name of Complainant: \_\_\_\_\_

Relationship to the District (Circle one): Employee Student Volunteer Other(Specify): \_\_\_\_\_

If Student: Grade:\_\_\_ Age:\_\_\_ Parent's Names: \_\_\_\_\_

Department/School: \_\_\_\_\_

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

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

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

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

Basis for Harassment (Circle all that apply): Sex Race National Origin Disability Other (Specify): \_\_\_\_\_

Name(s) of the person(s) you believe harassed you: \_\_\_\_\_

Relationship of harasser to the District (Circle one): Employee Student Volunteer Other (Specify): \_\_\_\_\_

If you are unsure of the person's name, to the best of your ability provide a detailed description of the person: \_\_\_\_\_

Provide the names or physical description of any witnesses and/or other individuals who were present at the scene(s) of the incident(s). (Attach additional pages if necessary): \_\_\_\_\_

Provide the date and location(s) where the incident(s) occurred: \_\_\_\_\_

Provide a detailed narrative of the incident(s). Describe the incident(s) as completely as possible, including information such as: (1) any verbal statements (i.e., threats, requests, demands, etc.); (2) any conduct or physical contact (including whether you were touched, how many times and for what period of time); (3) your response to the harasser's statements or conduct; (4) any documents regarding the harassment (notes, letters, etc. from harasser); (5) any other individuals to whom you mentioned the alleged harassment (e.g., parents, friends); and (6) all the facts regarding who, what, when, where, how, and why. \_\_\_\_\_

I hereby certify under penalty of perjury under the laws of the State of California that the information I have provided in this report and any attachments is true, correct, and complete to the best of my knowledge and belief.

Complainant's Name and Signature Date

Parent's Signature [if Complainant is a Minor] Date

Complaint Received By [Name & Title or Position] Date