

**MORGAN HILL UNIFIED SCHOOL DISTRICT
SEXUAL ORIENTATION/GENDER IDENTITY HARASSMENT
INCIDENT REPORT FORM**

(To be completed by Compliance Coordinator within 15 days of oral or written complaint)

The Morgan Hill Unified School District is committed to providing a workplace and educational environment free of sexual orientation/gender identity harassment. It is the policy of the District that sexual orientation/gender identity harassment by or of any employee, student, applicant, or other individual is unacceptable conduct and will not be tolerated. District policy and applicable law prohibits retaliation against any employee, student or other person for reporting an incident of sexual orientation/gender identity harassment, filing a sexual orientation/gender identity harassment complaint or participating in an investigation, hearing, or other legal proceeding. The District will use the information provided below to investigate allegations, determine what occurred and, if warranted, take steps intended to end any unlawful sexual orientation harassment and prevent similar future conduct. The information provided herein, and all subsequent information obtained by the District, shall be kept confidential to the greatest extent possible during the investigation process.

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: _____

Home Phone: _____ Work Phone: _____

Date(s) of alleged incident(s): _____ Location(s) of alleged incident(s): _____

Nature of the allegation:

Name(s) of the person(s) who were harassed (if different from complainant): _____

Name(s) of the person(s) alleged to have harassed the victim: _____

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

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):

Statements: Using the space provided or additional pages, the Compliance Coordinator is to 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 (3) victim’s response to the harasser’s statements or conduct; (4) any documents regarding the harassment (notes, letters, etc. from harasser); (5) any other individuals who have knowledge of the alleged harassment; (6) all the facts regarding who, what, when, where, how, and why; and (7) victim’s statement of proposed resolution to the complaint (What would resolve this complaint to the victim’s satisfaction?).

Statement of Complainant:

I hereby certify 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

Statement of alleged perpetrator (if known):

I hereby certify 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.

Alleged perpetrator Name and Signature

Date

Witness statement(s):

I hereby certify 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.

Witness Name and Signature

Date

Complaint Received By [Name & Title or Position]

Date

Outcome of investigation:

Signature of Compliance Coordinator

Date

Action taken by Morgan Hill Unified School District:

Compliance Coordinator's Initials: _____

Attach copies of any documents supplied to the district or created during the investigation or complaint process.