

Riverview School District No. 407
**SEXUAL HARASSMENT
REPORT FORM**

P6590-F1

General Statement of Policy

Riverview School District No. 407 is committed to a safe and civil educational environment for all students, employees, parent/guardians, volunteers, and patrons, and maintains a firm policy prohibiting all forms of discrimination based on sex. Sexual Harassment will not be tolerated. All persons are to be treated with respect and dignity.

Your Name: _____

Home Address: _____

Home Phone: _____ School: _____

Date of Alleged incident(s): _____

Name of person you believe sexually harassed you: _____

List any witnesses that were present: _____

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) what, if any, physical contact was involved; and (e) what you did to avoid the situation, etc. Please attach additional pages if necessary.

_____ **INFORMAL COMPLAINT: Investigated at the building level.**

_____ **FORMAL COMPLAINT: Investigated at the district level.**

This complaint is filed based on my honest belief that _____ has created a sexual harassing 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 sexual harassment will be subject to discipline actions or other appropriate sanctions.

Signature: _____ Date: _____

Received by: _____ Date: _____

(For Office Use Only)

Action taken: _____

Action completed by: _____ Date: _____

cc: **District Compliance Officer (Informal and Formal)**

Revised: 1/12