

SEQUIM SCHOOL DISTRICT NO. 323
SEXUAL HARASSMENT REPORT FORM
(Optional)

Sequim School District Policy No. 6590 prohibits all forms of discrimination. Sexual harassment against students or employees is discrimination. All persons are to be treated with respect and dignity. Sexual advances or other forms of sexual harassment by any student, teacher, administrator, or other school personnel, which create an intimidating, hostile, or offensive environment, will not be tolerated under any circumstances.

Complainant _____

Home Address _____

Work Address _____

Home Phone: _____ Work Phone: _____

Date of Alleged Incident(s) _____

Name of person you believe harassed you. _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary.)

Where and when did the incident(s) occur? _____

List any witnesses who were present. _____

This complaint is filed based on my honest belief that _____ has sexually harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant Signature

Date

Received by

Date

The Sequim School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, creed, color, national origin, families with children, sex, marital status, sexual orientation, age, or the presence of any sensory, mental or physical disability or the use of a trained dog guide or service animal by a disabled person.