

**HARASSMENT COMPLAINT FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Job Title \_\_\_\_\_

School/Grade \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Who was responsible for the harassment? \_\_\_\_\_

\_\_\_\_\_

Describe the harassment. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date, time and location the harassment occurred. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were other employees/students involved with the harassment? \_\_\_\_\_

If so, who was responsible, and describe their involvement. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any witnesses to the harassment. \_\_\_\_\_

Describe any subsequent incidents. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Complainant. \_\_\_\_\_

Proposed: 09/12/02

01/23/14

Adopted: 10/08/02

**ADMINISTRATIVE FOLLOW-UP FORM**

Date of notification to Title IX Coordinator \_\_\_\_\_ Time \_\_\_\_\_

Date of initial written report to Title IX Coordinator \_\_\_\_\_

Date(s) of investigation \_\_\_\_\_

What action was taken? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of follow-up conference \_\_\_\_\_

Results of follow-up conference \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there a violation of the harassment policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Corrective Action Recommended \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of final report sent to Title IX Coordinator \_\_\_\_\_

Date copy sent to employee/student \_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

Proposed: 09/12/02

Adopted: 10/08/02

NHSBA Review: 01/23/14