

## CHIMACUM SCHOOL DISTRICT

### INCIDENT REPORTING FORM FOR SEXUAL HARASSMENT OR MISCONDUCT

Any individual who believes he or she has been harassed is encouraged to:

- directly inform the alleged harasser to eliminate the offensive, unwelcome behavior **OR**
- report allegation(s) orally to the Building Principal, Superintendent or Title IX Officer **OR**
- report allegation(s) in writing.

No person shall be retaliated against for making a report of harassment or for providing testimony or assisting in the investigation report. Please answer all questions as completely as possible. Return completed form to your any district staff member, building principal, superintendent or Title IX Officer.

Name:		Date:	
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other _____
Address:			
Phone number:		Message phone:	
Name(s) of school adult you've already contacted (if any):			
Name(s) of person you are reporting about:			
On what dates did the incident(s) happen:			
Where did the incident happen? Check all that apply.			
<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> Restroom	<input type="checkbox"/> Playground
<input type="checkbox"/> Locker Room	<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Sport Field	<input type="checkbox"/> Parking Lot
<input type="checkbox"/> School Bus	<input type="checkbox"/> Internet	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Off Campus
<input type="checkbox"/> Other (please describe): _____			
Sexual harassment may include but is not limited to the following, please check the box(es) that best describes what you observed.			
<input type="checkbox"/> Demands for sexual favors in exchange for preferential treatment or something of value.			
<input type="checkbox"/> Stating or implying that a person will lose something if he or she does not submit to a sexual request.			
<input type="checkbox"/> Penalizing a person for refusing to submit to a sexual advance, or providing a benefit to someone who does.			
<input type="checkbox"/> Making unwelcome, offensive or inappropriate sexually suggestive remarks comments, gestures, or jokes; or remarks of a sexual nature about a person's appearance, gender or conduct.			
<input type="checkbox"/> Using derogatory sexual terms for a person.			
<input type="checkbox"/> Standing too close, inappropriately touching, cornering or stalking a person.			
<input type="checkbox"/> Displaying offensive or inappropriate sexual illustrations on school property.			
<input type="checkbox"/> Other _____			
Please describe what happened? Use additional sheets if necessary. _____			
_____			
_____			
_____			


**Witnesses:** List the name and contact information of each witness. Indicate what information they will contribute to your complaint.

<u>Name</u>	<u>Phone</u>	<u>Expected Contribution to Your Complaint</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Remedy or Resolution:** What specific action do you want taken on your complaint.

**Your signature below confirms that you understand the following:**

- The importance of confidentiality in the investigation process. Specifically, you will not discuss the complaint or the contents of your interview.

\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Date Signed**

-----**For Office Use**-----

Received by:

Date received:

Action taken:

Parent/guardian contacted on: \_\_\_\_\_

*Persons found to knowingly report false allegations will be subject to disciplinary action.  
A copy of this form will be distributed to the Title IX Compliance Officer.*