



Township High School District 113

Harassment Complaint Form

(To accompany Board of Education Policy 5-20, Non-Discrimination and Harassment; Policy 5-25, Employee Sexual Harassment; Policy 7-20, Prevention of and Response to Harassment, Including Sexual Harassment)

I. Allegation

A. Name of person(s) you believe committed an act of sexual harassment.

B. Description of alleged incident(s) – include the following details –

1. Date(s), time(s) and location(s)

2. Witnesses

3. Verbal Statements, physical conduct or contact

4. Your response

5. Other relevant details (use additional pages if necessary)

(Over)

Name of Complainant:

Address:

Phone Number

Signature of Complainant

Date

Received by

Date

Form should be returned in accordance with Board policies 5-20, 5-25 and 7-20

05/18/15