

SEXUAL HARASSMENT INFORMATION FORM

Date: _____

School/Dept. and Location _____

Telephone Number _____

Principal/Administrator _____

Individual Completing Form _____

Complainant _____

Position _____

Contact Number for Complainant _____

Accused _____

Position _____

Please give a brief description of the allegation(s) including date(s), time(s), location(s), and the names of any witnesses:

Attach any additional documentation regarding the above-mentioned incident(s) to this form and send to:

Corinne Leak, Title IX Officer
Human Resource M.R. 125

NOTICE: THIS INFORMATION IS HIGHLY CONFIDENTIAL. PLEASE EXERCISE MAXIMUM EFFORT IN MAINTAINING THE CONFIDENTIALITY OF THIS INFORMATION.