

McMinnville School District #40

Code: JBA/GBN-AR(2)
Revised/Reviewed:
Orig. Code: JBA/GBN-F

Sexual Harassment or Discrimination Report Form

McMinnville School District maintains a policy prohibiting all forms of discrimination and harassment, and specifically harassment based on sex. All persons are to be treated with respect and dignity. Sexual advances or other forms of personal harassment by any person, male or female, which create an intimidating, hostile, or offensive environment will not be tolerated.

If you believe that you have been a victim of sexual harassment or discrimination or that you have witnessed an incident of such behavior, you are requested to complete the following information and submit this form to the Title IX Coordinator for the district. An immediate investigation will be conducted, and you will be informed of the outcome of the investigation.

Complaint Name: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Date(s) of alleged incident(s): _____

Name of person or persons you believe engaged in sexual harassment or discrimination: _____

Names of any witnesses who observed the incident(s): _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including what force may have been used, what verbal statements were made, what physical contact was involved, what you did to avoid or stop the situation, and any other pertinent information. (Attach additional pages if necessary.)

My signature below verifies that the information I have provided is true, accurate, and complete to the best of my knowledge and belief.

Complainant Signature: _____ Date: _____

Received by: _____

Return to:

**Title IX Coordinator
McMinnville School District #40
1500 NE Baker Street, McMinnville OR 97128**

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