

**Multnomah Education  
Service District**

Code: **GBN/JBA-AR(2)**  
Revised/Reviewed: 8/14/13

**MESD Sexual Harassment Complaint Reporting Form**

Date of complaint: \_\_\_ / \_\_\_ / \_\_\_

Name of complainant: \_\_\_\_\_

- Employee: \_\_\_\_\_ (Position)
- Student: \_\_\_\_\_ (Program/School)
- Other: \_\_\_\_\_

Name of alleged harasser: \_\_\_\_\_

- Employee: \_\_\_\_\_ (Position)
- Student: \_\_\_\_\_ (Program/School)
- Other: \_\_\_\_\_

Date and place of incident or incidents: \_\_\_ / \_\_\_ / \_\_\_ Location: \_\_\_\_\_

Description of misconduct: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of witnesses (if any):

<b>Name:</b> _____	<b>Contact Information:</b> _____
<b>Name:</b> _____	<b>Contact Information:</b> _____
<b>Name:</b> _____	<b>Contact Information:</b> _____
<b>Name:</b> _____	<b>Contact Information:</b> _____

Evidence of sexual harassment, i.e., letters, photos, etc. (attach evidence if possible):

Any other information: \_\_\_\_\_

\_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_