

**Multnomah Education
Service District**

Code: **JBA/GBN-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):

- | | |
|--------------------|-----------------------------------|
| Name: _____ | Contact Information: _____ |
| Name: _____ | Contact Information: _____ |
| Name: _____ | Contact Information: _____ |
| Name: _____ | Contact Information: _____ |

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: ___ / ___ / ___