

**JUNCTION CITY SCHOOL DISTRICT  
SEXUAL HARASSMENT REPORT FORM  
FROM PRINCIPAL / SUPERVISOR**

Subject of Complaint: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM Teacher/Supervisor  
If Applicable: \_\_\_\_\_

Building: \_\_\_\_\_ Specific Location: \_\_\_\_\_

List Witnesses (if any): \_\_\_\_\_

When was the incident reported? \_\_\_\_\_ To Whom? \_\_\_\_\_

Immediate report to Principal?  Yes  No Written report within 72 hours?  Yes  No

If 'No', why not? \_\_\_\_\_

Describe fully (use additional sheet if necessary), what happened, how, and to whom? \_\_\_\_\_

What corrective action (discipline) was taken or is planned? \_\_\_\_\_

Is this consistent with District past practice in discipline for such matters? \_\_\_\_\_

How will similar incidents be prevented in the future? \_\_\_\_\_

If a student is the victim, has the parent been notified?  Yes  No When? \_\_\_\_\_

Name (please print)	Title	Date
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<i>Principal's or Designee's Signature</i>	<i>Date</i>
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Date initial report received by Human Rights Officer: \_\_\_\_\_

Date written report received from investigator (within 10 working days of incident): \_\_\_\_\_

**Regulation Approved:**           Kathleen Rodden-Nord           **Date:**           August 24, 2009            
*Superintendent*