

**NORTH CENTRAL SPECIAL EDUCATION COOPERATIVE
Sexual Harassment Complaint Form**

Date Form Completed: _____

Form Completed By: _____

Person Reporting the Sexual Harassment: _____

Address & Phone /Number of the Person Reporting the Sexual Harassment:

Nature of Complaint: (With specificity, identify the person(s) alleged to have sexually harassed, the conduct, which is the basis of the sexual harassment complaint, when/where the conduct occurred, the person(s) alleged to have sexually harassed, witnesses, and any other pertinent information):

(use additional sheets, if necessary)

Date

Employee Completing Sexual Harassment Report Form

Date

Person Reporting the Sexual Harassment