FORM B
Report Form for Sexual Harassment Incidents

Please complete and attach to the Sexual Harassment Informal Complaint Checklist (Form A).

Has harassment occurred? If yes, continue with form. If no, go to Action Taken section. ______________________

Severity of harassment? ______________________

Does this warrant emergency action? ______________________

Does the matter seem suitable for informal resolution? ______________________

What is the potential for retaliation? ______________________

Can I protect the complainant? ______________________

If so, how? ______________________

What options is complainant willing to pursue? ______________________

__________________________

Action Taken:

If no harassment, resources given ______________________

If harassment may exist, information, referrals given ______________________

__________________________

__________________________

Signature of Administrator ______________________ Date