

FORM C
Report form for Sexual Harassment Incident

Complete and attach to Forms A and B.

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| <p>1. Status of Complainant</p> <p>_____ Undergraduate Student</p> <p>_____ Graduate Student</p> <p>_____ Student Employee (Undergraduate)</p> <p>_____ Classified Employee</p> <p>_____ Non-Classified Employee</p> <p>_____ Administrator</p> <p>_____ Tenured Faculty</p> <p>_____ Non-Tenured Faculty</p> <p>_____ Teaching/Research Assistant</p> <p>_____ Extension Staff</p> <p>_____ Other (please specify)</p> <p>_____</p> | <p>3. Gender of Complainant: _____</p> <p>4. Gender of Accused: _____</p> <p>5. Relationship of Complainant to the Accused</p> <p>Co-Worker Faculty Member</p> <p>Supervisor Undergraduate Student</p> <p>Graduate Student</p> <p>Other (please specify)</p> <p>_____</p> <p>6. Date Complaint Received by Administrator:</p> <p>_____</p> <p>7. Summary of Issue:</p> <p>_____</p> |
| <p>2. Status of Accused</p> <p>_____ Undergraduate Student</p> <p>_____ Graduate Student</p> <p>_____ Student Employee (Undergraduate)</p> <p>_____ Classified Employee</p> <p>_____ Non-Classified Employee</p> <p>_____ Non-Tenured Faculty</p> <p>_____ Teaching/Research Assistant</p> <p>_____ Extension Staff</p> <p>_____ Other (please specify)</p> <p>_____</p> | <p>8. Summary of Outcome:</p> <p>_____</p> <p>9. Date of Outcome: _____</p> |
- Signature of Administrator: _____ Date: _____