

**Fresno Unified School District**  
**SEXUAL HARASSMENT – INITIAL COMPLAINT**

Prior to completing, read Board Policy/Administrative Regulation 4119.11

Note: Accurate completion of this form will ensure immediate and thorough investigation of the complaint; an investigation will be conducted promptly and fairly and all information will be confidential; appropriate and immediate action will be taken if the District harassment policy has been violated. No action will be taken against an employee for filing a complaint. The employee filing the complaint will be notified of the outcome of the investigation. This form is to be submitted to the principal or site administrative designee. The receiver of the complaint shall promptly notify the superintendent or designee.

<b>INITIAL REPORT OF INCIDENT</b>	
Complainant name:	Date(s), time(s) of incident(s):
Alleged Victim(s):	Location of incident(s):
Summary of incident(s): <i>(Attach if needed)</i>	
Name(s) of witness(es):  1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Person to whom the report was given: _____  Date: _____  Person(s) assigned to investigate: _____  Date: _____
Signature of employee filing complaint: _____  Date: _____	Notes:
Check all that apply: <input type="checkbox"/> Made remarks with unlawful connotations <input type="checkbox"/> Made derogatory comments <input type="checkbox"/> Told unlawful jokes/stories <input type="checkbox"/> Made unlawful slur(s) <input type="checkbox"/> Touched in an unwelcomed manner <input type="checkbox"/> Moved into an uncomfortable proximity	<input type="checkbox"/> Made sexually suggestive remarks <input type="checkbox"/> Displayed derogatory material <input type="checkbox"/> Displayed sexually suggestive objects <input type="checkbox"/> Spread rumors of a sexual nature <input type="checkbox"/> Information too vague to determine <input type="checkbox"/> Other: _____