



West Linn-Wilsonville School District

Sexual Harassment Report Form

Name of Complainant: _____
(Person Making the Complaint)

Job Position: _____

Building: _____

Name of Alleged Harasser: _____

Location of Incident: _____ **Date of Incident:** _____

General Description of incident, include time, witnesses (if any), and physical evidence (if any). Use back of sheet if needed.

Signed: _____

Date: _____

Submit a copy to Director of Human Resources