

**South Kitsap School District #402**  
**SEXUAL HARASSMENT INFORMAL ACTION REPORT**  
**CONFIDENTIAL**

**Instructions:** An individual who believes he or she has been sexually harassed, has witnessed sexual harassment, or has received a complaint of sexual harassment is strongly encouraged to report the incident to a District administrator. The district administrator or designee should make notes from direct observation or while the individual is reporting the events. Information from those notes may then be used to complete this "Informal Action Report" Form 5275A. The district administrator or designee should encourage the complainant to complete Form 5275, "Sexual Harassment Initial Complaint Report." Employees should immediately report the incident to their supervisor. The district administrator or designee is required to complete this Form 5275A *regardless of whether Form 5275 is provided or not*. The first step of a sexual harassment complaint is to process the complaint at the Informal Action level. However, should the district administrator or designee believe this complaint should be advanced to the Formal Action level, he/she should complete the appropriate section of this form and immediately contact a district higher level authority.

Today's Date: \_\_\_\_\_

Complainant(s)/observer(s) - *please print*: ☐ Employee ☐ Student ☐ Other

Name: \_\_\_\_\_

Address/Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of District administrator or designee - (*please print*) \_\_\_\_\_

**Nature of Concern.** Attach a detailed report containing data as follows:

- **Who did specifically what?**
- **On what date(s) and at what time(s) did the alleged harassment incident(s) occur?**
- **Where did the alleged incident(s) occur?**
- **Witnesses' names.**
- **Any initial action taken by complainant? If so, what?**

**After the initial intake of information (Form 5275 "Initial Complaint Report") and this Form 5275A, "Informal Action Report", the District administrator or designee shall review the situation and indicate further action as follows:**

**REMEDY: (Select the appropriate action)**

☐ This incident will be processed and resolved as an Informal Action complaint. The following activity has occurred to remedy the situation:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OR**

☐ This incident should be referred to the Formal Action level. I am submitting this concern to the following person for further action:

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of District administrator or designee \_\_\_\_\_ Date: \_\_\_\_\_