South Kitsap School District #402 SEXUAL HARASSMENT INITIAL COMPLAINT REPORT CONFIDENTIAL

Instructions: An individual who believes he or she has been sexually harassed or has witnessed sexual harassment is strongly encouraged to complete this Initial Complaint Report and submit it to a District administrator or other employee regardless of the severity of the issue. The individual may seek assistance in deciding whether to complete a report by discussing the situation with a District administrator or another District employee.

Today's Date:			
COMPLAINANT INFORMATIO	N		
Complainant Name: (Please Print):		school/work location	
		() Area Code	
Complainant Address	City/Zip	Area Code	Phone
	st below the nature of the complaint, itnesses, verbal comments or physica		e in stating what
List the names of any indiv	iduals the complainant spoke with	about the incident(s):	
What efforts, if any, have b	een taken to date to remedy the site	uation?	
What remedy does the com	iplainant now seek?		
Received by:			
Signature of Di	strict Employee/Administrator	Date	
this Initial Complaint R Administrator receiving	trator Instructions ual harassment policies and procedures eport. Most situations are first processed the complaint <u>must</u> complete Form 527 r or trained designee can continue the	d at the Informal Action level. 5A, "Sexual Harassment Infor	The District employee or mal Action Report." Only

Personnel.
Step 2: If after initial review, or upon immediate judgment, the District representative determines that Formal Action is necessary, the District Administrator/designee shall complete the appropriate sections of Form 5275A and make immediate contact with the District's Title IX Officer or Assistant Superintendent for Personnel and Labor Relations.

Informal Action level, the District Administrator or designee shall record the action taken on Form 5275A, distribute copies as indicated below, keep a copy of the report at the building level, and forward a copy to