



Report of Harassment

This form is to be used by any employee who has either observed or been subject to harassment. To ensure full investigation, it should be completed as accurately as possible.

Check one:

Informal process (not required) – submit to supervisor or building principal

Formal – submit to Title IX Enforcement Officer (Asst. Supt. for HR, or designee)

Name of the Complainant: _____ **Name of the Accused:** _____

School: _____ **School:** _____

Phone Number: _____ **Relationship:** **Co-worker**

E-mail: _____ **Supervisor**

Other: _____

Date(s) of Incident(s): _____

Where did the specific event occur? _____

Please explain the events that occurred. _____

Were there any witnesses to this specific event? (If yes, please provide their names.)

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence MCCSC deems relevant.

Signature: _____ **Date:** _____