STUDENTS

Pullman School District No. 267
Sexual Harassment Student Incident Report Form

Name of Person Filing Complaint:	
Alleged Harasser's Name:	
Date of Incident:	Time:
Location of Incident:	
Describe circumstances surrounding the allegation: (attach additional pages if necessary)	
If there were witness(es), please list their names:	
Initial complaint filed with:	
Written complaint filed: [ ] Yes [ ]No	Date filed:
Complaint investigation notes:	
Complaint investigation resolution/results:	
The following were interviewed: [ ] complainant [ ] alleged harasser [ ] witness(es) [ ] others (teachers, staff, etc.)	
Report sent to superintendent: [ ] Yes [ ] No	Date sent:
Form completed by:	Date signed:
Principal's signature:	Date signed:
Reviewed by Title IX Compliance Officer (signature):	Date reviewed: