

Woodridge Local School District

REPORT OF HARASSMENT

Employee Name: _____ Date of Report: _____

Employee Position: _____

Date of Alleged Harassment: _____

Location of Alleged Harassment: _____

Name of Alleged Harasser: _____

Position: _____

Department or School: _____

Description of the Incident(s): _____

Names of Witness(es), if any: _____

Signature of Person Making the Report

Signature of Person Taking the Report

(over)

Date of Investigative Action Taken: _____

Investigative Action Taken: _____

Resolution: _____
