



Clarksville Montgomery County School System  
Employee Sexual Harassment Report Form

**General Statement of Policy Prohibiting Sexual Harassment**

The Clarksville Montgomery County School System maintains a firm policy prohibiting all forms of discrimination based on sex. Sexual harassment against students or employees is sex discrimination. All persons are to be treated with respect and dignity. Sexual advances or other forms of personal harassment by any person, male or female, which create an intimidating, hostile or offensive environment will not be tolerated under any circumstances.

**Complainant**

Employee Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work/School Address \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work/School \_\_\_\_\_

**Alleged Harasser**

☐ Employee ☐ Student ☐ Other  
Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work/School Address \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work/School \_\_\_\_\_

**Date/Location of Alleged Incident(s)**

\_\_\_\_\_

**Witnesses Who Were Present**

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

**Description of the Incident(s)**

Describe the incident(s) as clearly as possible, including such things as amount of force, if any, that was used; verbal statements, if e.g., threats, requests, demands, etc.; type, if any, physical contact; what you did to avoid the situation; etc. (Attach additional sheet(s) if necessary.)

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



### Acknowledgment

This complaint is filed base on my honest belief that \_\_\_\_\_ has sexually harassed me. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

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*Complainant Signature*

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*Date*

### Complaint Received by

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*Signature*

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*Date*