

Investigative Report Regarding Sexual Harassment Complaint by Employee Complainant Name _____ Age___ Sex____ Phone (cell or home)_____ Position _____ School or Facility Worksite _____ Prior Sexual Harassment Complaints Yes___ No___ How Many ____ If yes, list prior complaints on separate sheet. Alleged Offender Name _____ Age ____ Sex ____ Phone (cell or home) _____ Employee ____ If so, position and worksite_____ Student _____ If so, grade and school_____ Special Education Yes____ No____ Other ____ If Other, describe _____ Prior Sexual Harassment Offenses Yes___ No ___ How Many _____ If yes, list prior offenses on separate sheet. Investigation Following CMCSS Procedure HUM-P019, does your investigation support the allegation? Yes No Following CMCSS Procedure HUM-P019, provide a brief summary of the findings that led you to this conclusion.*



List all actions taken as a result of this investigation.	
Official(s) conducting Investigation	
Date	
Name	Title/Dept
Name	Title/Dept
*Provide a narrative summary of your Investigation. If needed, indicate summary is continued on a separate sheet and attach to this form. Attach copies of any relevant documents, e.g. statements of persons contacted. Forward completed report and investigative materials required by HUM-P019 to Chief Human Resources Officer. Maintain a copy of the report for your records.	
Summary continued on separate sheet? Yes	_ (If yes, attach to this form) No