

UNLAWFUL HARASSMENT REPORT FORM

The MVLAUHS is committed to providing an environment free of unlawful harassment. The District's policies prohibit sexual harassment and harassment because of race, religion, color, national origin (or ethnic group), ancestry, disability, marital status, age, sexual orientation. District policies and applicable law prohibit retaliation against any employee, student or any other person by another employee, student, other person, or the District for filing a complaint or testifying, assisting or participating in any manner in any investigation, proceeding or hearing. The District will use the information that you provide to investigate your allegation, determine what occurred and, if warranted, take steps to end any unlawful harassment, eliminate a hostile environment, prevent future unlawful harassment, and remedy the harassment.

Name of Complainant: _____

Complainant's Relationship to the District (Check One):

Employee Contractor Volunteer Student Other (Specify): _____

Home Address:

Work Address:

Home Phone:

Work Phone:

Date(s) of Alleged Incident(s): _____

Basis of Harassment (Check all that apply):

Race Sex National Origin Disability Other(Specify) _____

Name(s) of the person(s) you believe harassed you: _____

Relationship of harasser to the District (Check one):

Employee Contractor Volunteer Coach Student Other(Specify) _____

If you are unsure of the person's name, describe the person in detail:

Attach a detailed narrative of the incident(s) to this report form. As far as possible, describe the following for each incident:

- Verbal statements made
- Any conduct or physical contact (including where you were touched, how many times, and for how long the contact occurred)
- Locations where the contact occurred
- Dates and times
- Your response at the time
- Names of physical description of any witnesses and/or other harassed individuals who were present at the scene(s) of harassment
- Any documents (notes, letters, drawings, etc. from the harasser or others including those written by you)
- Any other individuals to whom you mentioned the alleged harassment
- All the facts regarding who, what, when, where, how and why
- Any others you believe the harasser is harassing
- The action you would like to be taken against the harasser
- Any injury you believe you have suffered because of the harassment and the action you would like to be taken to remedy that injury

I hereby certify under penalty of perjury under the laws of the State of California that the information I have provided in this report and any attachments is true, correct and complete to the best of my knowledge and belief.

Complainant's Signature

Date

Complaint Received By

Date