

ASSESSMENT OF SEXUAL HARASSMENT COMPLAINT

(Attach additional sheets, if needed)

Has harassment occurred? (If yes, continue; if no, go to "Action Taken.")

How severe is the harassment?

Does it warrant emergency action?

Does the matter seem suitable for informal resolution?

What is the potential for retaliation?

Can I protect the complainant?

How?

How can complainant protect her/himself?

What options is complainant willing to pursue?

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Action Taken:

If no harassment, resources given:

If harassment may exist, information, referrals given:

REPORT FORM FOR SEXUAL HARASSMENT CASES

1. Status of Complainant

- | | |
|----------------------------------|-----------------------------|
| Undergraduate Student | Tenured Faculty |
| Graduate Student | Non-Tenured Faculty |
| Student Employee (Undergraduate) | Teaching/Research Assistant |
| Classified Employee | Extension Staff |
| Non-Classified Employee | Other (Please Specify) |
| Administrator | |

2. Status of Accused

- | | |
|----------------------------------|-----------------------------|
| Undergraduate Student | Tenured Faculty |
| Graduate Student | Non-Tenured Faculty |
| Student Employee (Undergraduate) | Teaching/Research Assistant |
| Classified Employee | Extension Staff |
| Non-Classified Employee | Other (Please Specify) |
| Administrator | |

3. Sex of Complainant M F

4. Sex of Accused M F

5. Relationship of Complainant to the Accused

- | | |
|----------------|------------------------|
| Co-Worker | Undergraduate Student |
| Supervisor | Graduate Student |
| Faculty Member | Other (Please Specify) |

6. Date complaint received by administrator:

7. Summary of Issue:

8. Summary of Outcome:

9. Date of Outcome:

SIGNATURE OF ADMINISTRATOR: _____