

**512 Exhibit**

SCHOOL DISTRICT OF WILLIAMS BAY  
EMPLOYEE HARASSMENT REPORT FORM

The purpose of this form is to document an incident(s) of harassment that may have taken place in the Williams Bay School District. This form is intended to be used with Policy 512, related to harassment against employees, except Title IX sexual harassment.

Name of reporting person \_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

Name of person(s) who did the harassing \_\_\_\_\_

Place where the incident took place (be very specific) \_\_\_\_\_

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

Name of any witnesses \_\_\_\_\_

\_\_\_\_\_

Describe the harassing behavior as accurately as possible. Include descriptions of all physical and verbal behavior that you feel are of a harassing nature. Use additional paper if necessary.

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

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title IX Coordinator / Compliance Officer

\_\_\_\_\_  
Signature Date

APPROVED: March 10, 2003

REVISED: November 13, 2017

August 5, 2020