

Were there any witnesses? If so, who?

Has harassment happened before? _____

When: _____

How did it make you feel?

What was your response to the harasser?

Did you tell anyone about it? Who? When? Where? What did you say?

What was the other person's response?

How would you like to see the harassment resolved?

Signature of person completing this form

Date

Signature of Investigator

Date

Adopted: November 7, 2001

Revised: 5/6/08

**RESOLUTION OF COMPLAINT
Investigation Summary Form (C)**

Summary of complaint and investigation steps:

Conclusion of findings:

Remedial Measures Recommended:

Disciplinary Action Recommended:

Action Taken By Administration:

Investigator

Date

Administrator

Date

FORWARD FULL REPORT TO TITLE IX COORDINATOR

Adopted: November 7, 2001

Revised: 5/6/08