UNIVERSITY OF PENNSYLVANIA
SEXUAL HARASSMENT POLICY CENTRAL REPORTING FORM

COMPLAINT'S INFORMATION:
SCHOOL/ADMINISTRATIVE UNIT: __________________________

DEPARTMENT: __________________________

RACE: _____ GENDER: _____

STATUS: faculty, staff (weekly/monthly paid, unionized) student

RESPONDENT'S INFORMATION:
SCHOOL/ADMINISTRATIVE UNIT: __________________________

DEPARTMENT: __________________________

RACE: _____ GENDER: _____

STATUS: faculty, staff (weekly/monthly paid, unionized) student

DATE COMPLAINANT CONTACTED THIS OFFICE __________________________

TYPE OF HARASSMENT: Sexual (gender) _____ Sexual (orientation) _____

DESCRIPTION OF COMPLAINT:
(Do not include information that would reveal the identity of complainant or respondent)

RESOLUTION OF COMPLAINT/ACTION TAKEN: (Include sanctions imposed, if any)

Complainant did not want these allegations investigated or any action taken at this time _____

PLEASE CHECK ANY OFFICES THAT HAVE BEEN CONTACTED OR INVOLVED IN THIS ALLEGATION.

Affirmative Action/EOP __________________________ Office of Student Conduct __________________________
African-American Resource Center __________________________ Office of Student Life __________________________
Counseling & Psychological Services __________________________ Ombudsman __________________________
Employee Assistance Program __________________________ PAACH __________________________
General Counsel __________________________ Penn Women's Center __________________________
Human Resources/Staff & Labor Relations __________________________ Student Health __________________________
La Casa Latina __________________________ Special Services/Penn Police __________________________
LGBT Center __________________________ Other: __________________________

DATE SUBMITTED TO OMBUDSMAN'S OFFICE: __________________________

NAME OF PERSON COMPLETING FORM: __________________________

TITLE: __________________________ SIGNATURE: __________________________

PHONE NUMBER: __________________________ DATE: __________________________

1/02