



**WT Anti-harassment/Discrimination Report**

This form is to be used by any employee or student who has either observed or been subject to harassment or discrimination. To ensure full investigation, it should be completed as accurately as possible. Please send this form to the District Title IX Coordinator, Dr. Erica Buchanan-Rivera, prior to a formal process. This documentation is also important to maintain for general reporting purposes.

<b>Date of Report:</b>	
<b>Name(s) of reporting party making a charge of harassment/discrimination:</b>	
<b>Address of Reporting Party:</b>	
<b>Telephone Number:</b>	
<b>Position or Grade:</b>	
<b>Name(s) of individuals involved in harassment/discrimination.</b>	<b>Please indicate whether they are students or employees:</b>
<b>Names of any witnesses.</b>	<b>Please indicate whether they are employees or students:</b>
<b>Action Steps and Timeline:</b>	

Please see the Washington Township policy on harassment/discrimination for more information. Ensure that the process and procedures are explained to the reporting party and key individuals involved in the discrimination claim.