

**UNIVERSITY OF PENNSYLVANIA  
SEXUAL HARASSMENT POLICY CENTRAL REPORTING FORM**

**COMPLAINANT'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 \_\_\_\_\_  
African-American Resource Center \_\_\_\_\_  
Counseling & Psychological Services \_\_\_\_\_  
Employee Assistance Program \_\_\_\_\_  
General Counsel \_\_\_\_\_  
Human Resources/Staff & Labor Relations \_\_\_\_\_  
La Casa Latina \_\_\_\_\_  
LGBT Center \_\_\_\_\_

Office of Student Conduct \_\_\_\_\_  
Office of Student Life \_\_\_\_\_  
Ombudsman \_\_\_\_\_  
PAACH \_\_\_\_\_  
Penn Women's Center \_\_\_\_\_  
Student Health \_\_\_\_\_  
Special Services/Penn Police \_\_\_\_\_  
Other: \_\_\_\_\_

DATE SUBMITTED TO OMBUDSMAN'S OFFICE: \_\_\_\_\_

NAME OF PERSON COMPLETING FORM: \_\_\_\_\_

TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_