

Street Address El Paso, TX 79925 Phone: (915) 230-2014 Fax: (915) 240-0033

www.episd.org

Location of Incident:		Today's Date:	
Administrator Completing			
Report: Person reporting alleged Sexually	/ Harassing Conduct (if not	Title:	
Complainant):	Transising Conduct (ii not		
Alleged Complainant's Name:		ID#	
Alleged Respondent's Name:		ID#	
Name(s) of Witness(es) to Alleged	d Conduct:		
Date(s) of Incident(s):	Times of Inci	ident(e):	
Description and Location of Incid		ident(s).	
Was incident ever reported to, or	witnessed by, any other District en	nployees: YES	NO
If yes, to whom, when, and what was done:			
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Other information, including prior	r incident or threats:		2 47 10 5
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Receiving School Administrator's	e Signature:	Date:	
Additional comments or notes fro		Date.	
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Please attach any additional infor	mation. Upon completion forward	immediately, with any additi	onal