

**COMMISSION ON LEGAL COUNSEL FOR INDIGENTS**

**Report of Sexual or Other Unlawful Harassment**

Alleged Offender: \_\_\_\_\_  
Office: \_\_\_\_\_

Alleged Offender's Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Alleged Victim: \_\_\_\_\_  
Office: \_\_\_\_\_

Alleged Victim's Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Reporter: \_\_\_\_\_  
Office: \_\_\_\_\_

Reporter's Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Date of alleged harassment: \_\_\_\_\_  
Describe incident:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Reporter

Submit form to Commission on Legal Counsel at PO Box 149, Valley City, ND  
or by fax to 701-845-8633

\_\_\_\_\_  
Date received by Commission: \_\_\_\_\_  
Investigation:

Resolution:

All parties informed of resolution?  
Alleged Offender \_\_\_\_\_  
Alleged Victim \_\_\_\_\_  
Reporter \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Investigator