Sandy Creek Central School District

"Comet Pride is Community-Wide!"

Sexual Harassment Complain Form

COMPLAINANT INFORMATION

Name:_____

Work Address: _____ Work Phone: _____

Job Title: _____ Email: _____

Select Preferred Communication Method: (Circle One)

Email Phone In person

SUPERVISORY INFORMATION

Immediate Supervisor's Name: _____

Title: _____

Work Phone: _____

Work Address: _____

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made about:

Name: _____ Title: _____

Work Address: _____ Work Phone: _____

Relationship to you: (Circle One)

Supervisor Subordinate Co-Worker Other

2. Please describe what happened and how it is affecting you and your work.

Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

_____

_____

_____

_____

3. Date(s) sexual harassment occurred: _____

4. Is the sexual harassment continuing? Yes No

5. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

_____

_____

Question #6 is optional, but may help the investigation.

6. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

_____

_____

Printed Name: _____

Signature: _____ Date: _____