SEXUAL HARASSMENT EXHIBIT

Complaint Form for Reporting Sexual Harassment

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form for targets to report alleged incidents of sexual harassment. This form is intended to be used by both students and employees.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form to the best of your ability and submit it to the building principal or the Title IX Coordinator (director of human resources). This form can be submitted by mail, email, or hand delivered. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the district should complete this form, provide you with a copy and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form. For additional resources, visit: https://www.ny.gov/programs/combating-sexual-harassment-workplace

YOUR INFORMATION (for all persons making a complaint)

Your Name: ____________________________

Name of student (for parents/guardians): ____________________________

Home Address: ________________________________________________

Home or Cell Phone: _____________________________________________

Email: _________________________________________________________

School (for students): ___________________________________________

Grade/Class (for students): _______________________________________

Work Address (for employees): _________________________________

Work Phone (for parents/guardians/employees): _____________________

Job Title (for employees): _______________________________________

Preferred Communication Method (please select one):

phone    email    mail    in person

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SUPERVISOR INFORMATION (for employees)

Immediate Supervisor’s Name: ___________________________________________

Title: __________________________________________________________________

Work Phone: __________________________________________________________________

Work Address: __________________________________________________________________

COMPLAINT INFORMATION (for all persons making a complaint)

1. Your complaint of Sexual Harassment is made against:
   
   Name: __________________________________________________________________
   
   Job Title (if an employee): __________________________________________________________________
   
   Grade/Class (if a student): __________________________________________________________________
   
   School Address/Work Location (if known): __________________________________________________________________
   
   Phone (if known): __________________________________________________________________

   Relationship to you (please circle one below):
   
   For employees – Supervisor / Subordinate / Co-Worker / Student / Other: _________
   
   For students – Teacher / Other staff member / Other Student / Other: _________

(Please use additional sheets of paper if the complaint is against multiple people.)

2. Please describe what happened and how it is affecting you and your work or education. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
3. Date(s) and location(s) sexual harassment occurred: ____________________________________________

________________________________________

Is the sexual harassment continuing? ____ Yes ____ No

4. Please list the name and contact information (if known) of any witnesses or individuals who may have information related to your complaint:

________________________________________

________________________________________

________________________________________

The following question is optional, but may help the district's investigation.

5. Have you previously complained about or provided information (verbal or written) about sexual harassment or related incidents to the district? ____ Yes ____ No

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.

________________________________________

Print Name: ________________________________________________________________

Signature: ________________________________________________________________

Date: ______________________________
Instructions for the District

If you receive a complaint about alleged sexual harassment, you must follow the district's sexual harassment prevention policy by investigating the allegations through actions including:

- Speaking with the complainant
- Speaking with the alleged harasser
- Interviewing witnesses
- Collecting and reviewing any related documents

While the process may vary from case to case, all allegations should be investigated promptly and resolved as quickly as possible. The investigation should be kept confidential to the extent possible.

Document findings of the investigation and basis for your decision along with any corrective actions taken, and notify the complainant (if the complainant is a student, also notify the parent/guardian) and the individual(s) against whom the complaint was made. This may be done via email.

Adoption Date: **October 17, 2018**