

THE RISK OBSERVER

FOUNDED 2006 — VOL. GLXI

PROFESSIONAL UNDERWRITERS

DAILY 5 CENTS, SUNDAY 15 CENTS

SEXUAL HARASSMENT - SAMPLE COMPLAINT FORM

The _____ School District maintains a firm policy prohibiting all forms of discrimination based on sex. Sexual harassment against students or employees is sex discrimination. All persons are entitled to be treated with respect and dignity. Sexual advances and other forms of personal harassment by any person, male or female, which create an intimidating, hostile or offensive environment, will not be tolerated under any circumstances. Use of this form is recommended, but not required in making a report of alleged sexual harassment.

Complainant _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

Date(s) of alleged incident(s) _____

Name of person you believe sexually harassed you _____

List of any witnesses that were present _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including such things as force, if any was used; any verbal statements (i.e. threats, requests, demands, demeaning remarks, etc.); what if any physical contact was involved; what you did to avoid the situation, etc. Attach additional pages if you need to.

This complaint is filed based on my honest belief that _____

has sexually harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant signature

Date

Received by

Date



NEW YORK STATE SAFETY GROUP 491