



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, Jeff Rivenburg in the District Office at 133 School Drive, Delanson, NY. 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

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: _____