

Sexual Harassment Complaint Form

Complaint No.: _____

1. Name: _____
2. Social Security Number: _____
3. Job Title: _____
4. Site/School and Unit #: _____
5. Work Address: _____
6. Work Telephone Number: _____
7. Home Address: _____
8. Home Telephone Number: _____
9. Date Complainant Reported Sexual Harassment to: _____
_____ Departmental Supervisor/Principal/Administrator
_____ Region Educational Officer
_____ Title IX Officer
10. Date and Method of Complainant Received by the Title IX Office: _____
_____ Walk-In Complainant
_____ Phone Call by Complainant, Followed by Appointment
_____ Departmental Referral (Name of person making the report, department, and date referral was received by the Title IX Office): _____

_____ Other (Please Describe): _____

11. Date of Intake Interview: _____

13. Name, job title, location, and telephone number of each individual who allegedly harassed the complainant.

14. State whether each alleged harasser is a co-worker or supervisor of complainant.

15. Name, job title, location, and telephone number of any witness to any incident described by the complainant.

PRIOR ACTION REGARDING THESE HARASSMENT ALLEGATIONS

16. Prior to bringing this complaint, has the complainant described the harassment to anyone, including supervisor personnel or co-workers employed by the Board of Education?

_____ Yes _____ No

If yes, list the following: Name, job title, work location, and telephone number of any person to whom the complainant described the incident; the date or approximate date the complainant brought the incident to the other employee's attention. Describe any action taken to investigate or resolve the harassment.

POSSIBLE PRIOR INCIDENTS INVOLVING OTHER EMPLOYEES

17. Does the complainant know of any other employee who has experienced similar sexual harassment in the same department or by the same individual?

_____ Yes _____ No

If yes, provide the name, job title, work location, and telephone number of each such employee; and a description of the harassment, to the best of the complainant's knowledge.

18. Has the complainant filed a union grievance or claim with any other city, state, or federal agency?

_____ Yes _____ No

If yes, what union or agency?

Complainant's Signature: _____ Date: _____

Witness: _____ Date: _____