

**AKRON SCHOOL DISTRICT
COMPLAINT FORM FOR SEXUAL HARASSMENT IN THE WORKPLACE**

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to the Civil Rights Compliance Officer (CRCO). You will not be retaliated against for filing a complaint. Questions regarding the completion or submission of this form can be directed to the District's CRCO or a trusted staff member with whom you feel comfortable.

If you are more comfortable reporting verbally or in another manner, the person to whom you report the sexual harassment 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: ny.gov/programs/combating-sexual-harassment-workplace

COMPLAINANT INFORMATION

Name: _____

Work Address: _____ Work Phone: _____

Job Title: _____ Email: _____

Selected Preferred Communication Method: 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: Supervisor Subordinate Co-Worker Other

(Continued)

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- 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: _____

Is the sexual harassment continuing? [] Yes [] No

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

The last question is optional, but may help the investigation.

- 5) 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.

Signature: _____ Date: _____

**AKRON CENTRAL SCHOOL DISTRICT
SEXUAL HARASSMENT COMPLAINT FORM (Cont'd.)**

APPEAL FORM (if applicable)

Name and Position of Complainant _____

Date Appeal Filed _____

Date Original Complaint Filed _____

Have There Been Any Prior Appeals Filed Related to this Complaint? _____

If Yes, When and to Whom? _____

Describe the Decision Being Appealed and Why _____

Date

Signature of Complainant