

**LE ROY CENTRAL SCHOOL DISTRICT
SEXUAL HARASSMENT/HARASSMENT COMPLAINT FORM**

Name of Complainant: _____ Date Submitted: _____

Signature of Complainant: _____

Complainant's Address: _____

Complainant's Home Phone: _____ Complainant's Work Phone: _____

The name of the person(s) about whom you are complaining:

Name: _____ Title: _____

Relationship to you: Supervisor Subordinate Co-Worker Other: _____

Description of alleged harassment: Describe the incident(s) as clearly as possible, including such things as the date(s), time(s), and place(s) of the incident(s); any verbal statements made (e.g. threats, requests, demands); what, if any, physical contact was involved; etc. Attach additional pages if necessary. _____

Names of all witnesses or others with substantial knowledge of the alleged incident(s)/harassment:

The names of all persons with whom you have discussed the incidents/harassment which is the subject of this complaint: _____

Has the incident/harassment been previously reported?

Yes

No

If yes, when and to whom? _____

Describe the remedy, outcome or resolution of the previous report (use additional sheets if necessary):

Return form to: Sexual Harassment/Title IX Investigators (Carol Messura or Brian Foeller)