

ROCKVILLE CENTRE UNION FREE SCHOOL DISTRICT

Rockville Centre, New York

SEXUAL HARASSMENT

FORMAL COMPLAINT FORM

Name and position of complainant _____

Date of complaint _____

Name of alleged sexual harasser _____

Date of incident _____

Place of incident _____

Description of misconduct _____

Name of witnesses (if any) _____

Has the incident been reported before? _____

If yes: When? _____

To Whom? _____

What was the resolution? _____

If not resolved, why not? _____

Supervisor/Compliance Officer Signature

Date

Complainant Signature

Date

ROCKVILLE CENTRE UNION FREE SCHOOL DISTRICT
Rockville Centre, New York
SEXUAL HARASSMENT
FORMAL APPEAL FORM

Name and position of complainant _____

Date of appeal _____

Date of original complaint _____

Name of alleged sexual harasser _____

Have there been any prior appeals? _____

If yes: When: _____

To Whom: _____

Description of decision being appealed _____

Why is the decision being appealed? _____

Supervisor/Compliance Officer Signature

Date

Complainant Signature

Date