

Cheektowaga-Sloan Union Free 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) – Superintendent of Schools. You shall not face retaliation for filing a complaint. Questions regarding the completion or submission of this form should 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 the 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)

Cheektowaga-Sloan Union Free School District

Complaint Form for Sexual Harassment in The Workplace (Cont'd.)

- 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 witness(es) or individual(s) 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 the District to work with your counsel, please provide his/her contact information.

Signature: _____ Date: _____

Cheektowaga-Sloan Union Free School District**Complaint Form for Sexual Harassment in The Workplace (Cont'd.)****Instructions to the District**

After receiving a complaint about alleged sexual harassment, follow the District's sexual harassment prevention policy and procedure.

Generally, an investigation involves:

- 1) Speaking with the employee;
- 2) Speaking with the alleged harasser;
- 3) Interviewing witnesses; and
- 4) Collecting and reviewing any related documents.

While the process may vary from case to case, all allegations should be investigated promptly and resolved as quickly as possible. The investigation should be kept confidential to the extent possible.

Document the findings of the investigation and basis for the District's decision along with any corrective actions taken and notify the complainant and the individual(s) against whom the complaint was made. This may be done via email.