

## Sexual Harassment and Retaliation Complaint Form

The Beaufort County School District prohibits sexual harassment and retaliation on the basis of sex or gender in all of its program and activities by its employees, students or third parties. Mistreatment by any person which creates an intimidating, hostile, or offensive work or learning environment will not be tolerated under any circumstances.

Complainant Name: \_\_\_\_\_

School or Position, if applicable: \_\_\_\_\_

student  parent  employee  nonemployee  job applicant  other \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date(s) of alleged incident(s)/conduct: \_\_\_\_\_

Location(s) where the alleged incident(s)/conduct took place: \_\_\_\_\_

Name of person(s) who engaged in the conduct: \_\_\_\_\_

\_\_\_\_\_

List any witnesses: \_\_\_\_\_

Evidence (e.g., emails, photos, text messages, etc.). Attach copies if possible: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the incidents(s)/conduct as clearly as possible. Attach additional pages if needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has engaged in conduct involving one or more of the following (mark all that apply):

**Harassment** based on my sex (including gender identity, sexual orientation, and pregnancy, childbirth, or any related medical conditions)

**Retaliation** based on:

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Suggested resolution/desired outcome: \_\_\_\_\_

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I agree that all of the information on this form is accurate and true to the best of my knowledge.

I request that the District investigate the allegations of sexual harassment outlined in this complaint.

Complainant signature: \_\_\_\_\_

Date \_\_\_\_\_

Received by: \_\_\_\_\_

Date \_\_\_\_\_