Sexual Harassment and Retaliation

Complaint Form

Spartanburg School District Four maintains a firm policy prohibiting sexual harassment and retaliation. 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:

Spartanburg County School District Four

This complaint is filed based on my honest belief that	has
engaged in conduct involving one or more of the following (mark all the	nat apply):
☐ Harassment based on my sex (including gender identity, sexual childbirth, or any related medical conditions)	orientation, and pregnancy,
☐ Retaliation based on:	
Suggested resolution/desired outcome:	
I agree that all of the information on this form is accurate and true to the	ne best of my knowledge.
Complainant signature:	Date
Received by:	Date

FILE: GBK-E

Spartanburg School District Four Grievance Form for Professional Staff

Grievant Name:		Date Filed:
School/Department:		Job Title:
Describe the specific grounds under grievance. Include specific remedy s	-	icy and regulations for your
Date of Event Giving Rise to Grievar	nce:	
Grievant Signature:		Date:
Date Received by Immediate Superv	visor:	
Response to Grievance:		
Grievant checks one:	Resolved	Unresolved
Grievant Signature:		Date:
Supervisor Signature:		Date:
I hereby appeal this grievance to the Four, based on the following unacce	-	
Grievant Signature:		Date: