Sexual Harassment and Retaliation

Complaint Form

Spartanburg School District Four maintains a firm policy prohibiting 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 a	
☐ Harassment based on my sex (including gender identity, sex childbirth, or any related medical conditions)	ual 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 best of my knowledge.
Complainant signature:	Date
Received by:	Date
	<u> </u>